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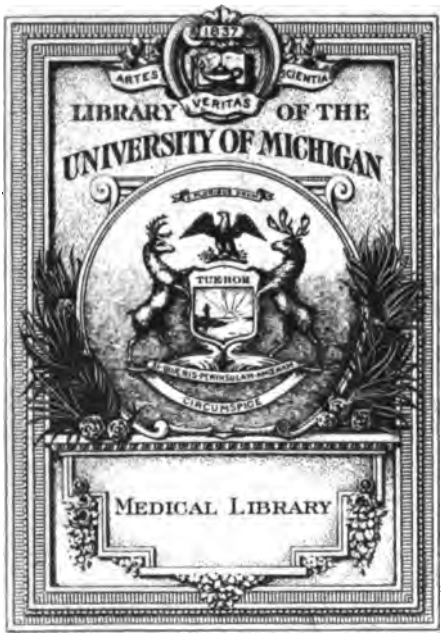

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THE MEDICAL SUMMARY

Vol. XXXI

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.

No. 1

ESTABLISHED 1879

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By Aime Paul Heineck, M. D.,
Professor of Surgery, Reliance Medical College; Adjunct Professor of Surgery, University of Illinois; Surgeon to the Cook County Hospital.

AN EXPERIENCE WITH AN ENLARGED LYMPHATIC.

By Jas. R. Phelps, M. D.

OUTLINES FOR THE TREATMENT OR ABORTION OF TYPHOID FEVER.

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THIRTY-ONE YEARS.

With this number of the SUMMARY begins the present editor's thirty-first year at its helm. Since the beginning of this journalistic career many changes have been wrought in all things medical, and we are optimistic enough to believe that most of the new things that have come to us have been good. Thirty years ago surgical, therapeutic, and diagnostic equipments were comparatively crude and very expensive in price. All such apparatus is now in a highly perfected state, and many instruments seem to possess almost human intelligence. They cost much less money than formerly. Thirty years ago our diagnostic instruments lacked that precision which marks those of the present day. The microscope was not regarded as being the valuable adjunct to the diagnostic outfit as it is now. Bacteriology and pathology were then unknown quantities only as their macroscopic and clinical aspects forced themselves upon us. Our work with test tube and reagent were also crude as compared with present-day tests, when we are now often enabled to diagnose diseases before they actually occur, or before the clinical manifestation is in evidence. The greatest achievements of the past quarter of a century have undoubtedly been along the lines of sanitation and preventative medicine. The medical triumphs of the future will be along the same line. We have no longer epidemics of small-pox, cholera, ship fever, etc., which mow down people by the thousands. We may be straining our prophetic license to the limit, but we believe that a few decades more will see the obliteration or amelioration of the white plague which is now the

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great foe to mankind. Not that the tubercle bacillus can be entirely rendered *passe*, for its presence is to be taken as only a factor in the causation of this wide-spread and death-dealing disease. But we have learned that the cause of consumption is due to two things: bad environment and bad heredity, and in the future we shall bend our efforts to overcome both of these.

What will the practice of medicine be like thirty years hence? Surgical skill will not be more excellent than now, that being an impossibility. However, surgery will be more conservative than now, "exploratory laparotomies" will be fewer, and men who have dessicated consciences and a *penchant* for the mezumma will be fewer —let us hope. Appendectomies will not then be performed any oftener than operations upon other portions of the viscera, and only when the operation is indicated. We will have learned that the appendix and all our other organs and appendages serve a useful purpose in the physical economy. Diagnosis in the future will be still more highly perfected, which is putting it pretty strong. We will still use drugs, but a good portion of the old stuff we now employ will be relegated to the snows of yesterday. We will give drugs for a purpose, and for some semblance of indication. We will have a few specifics and serums that may be in some measure dependable. There will be fewer doctors, because people will live in a manner that will make many medical men seek other vocations. The doctors who do remain with us will be thoroughly educated men, broad-minded and altrusitic, versatile and accomplished. He will be both physician and metaphysician. He will recognize the value of suggestion and psychotherapy, and it may be that he will be able to administer to the patient spiritually as well as physically. Medicine and religion will, in the future, gradually make overtures toward each other, and ultimately coalesce, each profession losing much of its traditions and Orthodox principles. In the future people will live longer and be sick less than now and in times past. Longevity is increasing, and most diseases are becoming less fatal. Both mental and physical hygiene will be the thing in the future. People will leave the large cities and hike for the fresh air of the country, and millions will live the simple but healthy life.

Some may think that these thoughts are the emanations of a mind not in harmony with the present order of things. Not so. We have faith in our profession, but believe it is destined to undergo some marked changes in the future. In the meantime let us hope that those who get sick will not forget to send for the family doctor as usual.

THE HYPOCHONDRIAC.

Psychoses and neuroses have been given so much attention of late with the naming and tabulating of so many symptoms that are new to those not in close touch with modern psychiatry that some of our erstwhile friends are, in a measure, lost sight of. The hypochondriac is one of these. He has somewhat lost prestige. The hypochondriac is an introspective individual who may have some real infirmity. More often he has no tangible ailment, but suffers the protean and often agonizing symptoms of a morbid mind. His life is full of vagaries, relating mainly to his own

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sweet self. In this matter he may have delusions and reason without premises. He cannot get away from himself and his ailments, and he imagines that his case is without a parallel in medical annals. He reads medicine advertisements and acquires a speaking acquaintance with disease symptoms. The physician is often startled at his versatility in nosology. His symptoms always relate to that which is unseen and intangible, and he may state that he has cancer of the bowels, disease of the liver, tumor of the brain, and so on. The hypochondriac is usually a medicine-taker, and goes the rounds of physicians and runs the gamut of well-advertised patent medicines. He will often believe the almanac in preference to a conscientious and educated physician. As time goes on the hypochondriac becomes more fixed in some of his absurdities. He may discard some of them, but he picks up new ones. He has the unhealthy habit. Out of the ranks of the hypochondriac come many of our dope and medicine fiends, alcoholics, ne'er-do-wells and mental derelicts These people should, early in their wrong career, be taught the right kind of mental and physical living. Above all, they should adopt an avocation or line of work which is to their liking and should stick faithfully to it. Every hypochondriac should forget that he has organs—in fact, that he has a body.

TO PREVENT BLINDNESS.

Ophthalmia neonatorum, as everybody knows, causes the greater number of cases of blindness. It is the one cause of congenital blindness that we always think of. It is preventable. It ought to be criminal for any obstetrician or midwife to allow a case to develop under his or her care, unless he can show that he made strenuous efforts to cope with the disease. If such effort has been made, loss of vision is the exception. Some of our legislatures will this winter have bills presented favoring better legislation on this matter. There should be some way of attaching the blame. Every case of ophthalmia should be promptly reported along with detailed measures adopted for its alleviation. Energetic prophylaxis should be required in this matter when cases occur in the slums and among the ignorant. There should be a dissemination of knowledge on this subject among those who are about to become mothers if there should be the least suspicion of venereal disease. Let us have laws by which we may know who are wilfully negligent in the accouchement chamber.

RHEUMATISM.

Dr. F. L. Wachenheim in *Archives of Pediatrics*, says: "It is of the utmost importance, in children of three years and over, to regard every slight muscular or articular pain with apprehension. In these cases an examination of the heart will often show cardiac lesion, where the clinical evidence of rheumatism is insignificant or even doubtful."

Dr. Joseph E. Winters, in the *Medical Record*, says: "In a young child pronounced unmistakable rheumatism is exceptional, while obscure, disguised forms abound. Recurrent causeless vomiting is an unfailing portent of lurking rheumatism."

Dr. J. Dardel, in the *Medical Record*, says: "Rheumatic patients should wear woolen undergarments at all seasons of the year, and affected joints must be protected by flannel bandages. As it is of the greatest importance to maintain the skin in a state of functional activity, the patient should be well rubbed with a horse-hair glove or Turkish towel moistened with spirit (eau de Cologne) every morn-

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ing. Regular exercise short of fatigue is indispensable, with special provision for movement of the affected joints."

The indigestion seen in infantile rheumatism (acidism) is caused by food and not acids. Baths help, by promoting the action of the skin, to eliminate acids and the excretion of poisons.

SMALL-POX VS. CONSUMPTION.

We build lots of emergency hospitals—pest-houses—for the small-pox patients. We loathe the disease and run from it. We carefully isolate the victims of it. But how inconsistent we are! We do not fear the hawking, expectorating consumptive who is likely to infect us with a disease that will kill us dead as a door-nail. We let him run at large, a possible menace to his family and the community. The consumptive needs more attention from a humanitarian standpoint. In caring better for him and trying to restore him to health our work is altrusitic, and we are protecting the well people around him. To close the argument, we wish to state that very few now die from small-pox, and it is only to be dreaded from a cosmetic standpoint.

RHEUMATISM IN CHILDREN.

Dr. Thomas F. Harrington, in the Boston *Medical and Surgical Journal,* says that "rheumatism in children differs somewhat from that of adults. The tonsils are the most common source of suspected infection. The arthritic symptoms are not as well marked as in adults and are more apt to come on insidiously. Recurrent tonsillitis, chorea, erythema, or nose bleed, are often associated with arthritis. Continued fever with slight remissions suggests endocarditis. There is not the same successive involvement of joints seen in adults. The family history, or a history of 'growing pains,' especially if accompanied with even slight swelling (fibrous nodules), suggests rheumatism."

Simple bitters, cathartics, aid, by toning up the stomach and assisting the excretion. Muscular pains are not always due to rheumatism, but are often incidental to growing children. The heart symptoms will not be found in acute cases, but in long standing ones. It takes time to infect the system. Exercise is necessary in order to keep the joints movable; if neglected, stiffness is sure to happen. As to the glands, the disease may produce inflammatory conditions.

Dr. Harrington must be a man of experience and skill, for his wise remarks will apply to nearly all cases of rheumatism, the complications found being numberless. It is a safe plan to administer aconite in small doses where tonsillitis is present, and to follow general treatment also.

GOUT.

Dr. William H. Thompson says: "Gout is originally a disorder of intestinal digestion causing derangement of the metabolism of the liver, and when its habit is settled, only attention to digestion affects its cause, however specific drugs may modify its pathological process in parts removed from the alimentary canal."

Gradual and progressive, passive motion, will, in the majority of patients, overcome the disease, break up the fibrous adhesions, but it must be commenced and carried on persistantly, and done by one expert in the trade, for trade it is.

The child that is properly clothed, can, from the very first month of its existence, almost live out-of-doors the greater part of the time, winter and summer.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

AN EXPERIENCE WITH AN ENLARGED LYMPHATIC.

By Jas. R. Phelps, M. D.

In the course of a conversation with a valued friend, whose methods of thought lead him deeper beneath the surface of things than many care to delve, he remarked:—

"I am certain that there is not an antitoxin in the world that is not hidden somewhere in the human body. The trouble is we either ignore or disbelieve this fact, or we do not know how to awaken and direct its energy. If we possessed this knowledge, or did not forget its application just when most needed, we might handle confluent small-pox as safely as birch bark."

I thought this idea over considerably, for I have long believed that everything in nature has its antagonist, and that every known or possible disease has its remedy if we knew how to look for it and apply it. Perhaps the time may not be far distant when we shall cease our wild chase after coal-tar synthetics, and see what God, through the operations of Mother Nature, has brought under our hand among the *living* principles of plant life as evolved by men like Lloyd and Burggraeve. Of course my remarks are addressed to believers in the (supposed) exploded science of therapeutics, for it would seem that Isaiah had a vision of these days when he wrote: "This people hath refused the waters of Shiloah, that go softly." The fragrant little wintergreen, so plentiful in our northern States, has no chance in the modern pharmacy with its poisonous synthetic coal-tar imitator.

But it is not my purpose to write a condemnatory critique on our U. S. P. While Lloyd and Merrell and Squibbs carry on business, pure plant derivatives can be obtained, even if one has to jump over the head of the corner soda and cigar divan. But to my story, which I will tell plainly.

For some three years my wife has been troubled with a virulent eczema of the right leg. Last summer, while boarding a street car, she struck her leg, just midway between the knee and foot, which caused a deep ulcer to form. The middle of December I concluded to send her to bed until some improvement could be effected, and I went to work on it with 10 per cent. resorcin ointment with white petrolatum base. The improvement was marked from the beginning, and after the growth of an entire new skin, I finished it up with a dusting powder called "Modoformal," which I obtained from Armstrong Mantz Co., of 78 Broad Street, Boston. Common justice compels me to say that I never saw its equal.

Well, during the summer and fall I had exhausted my vitality by overwork, and I was in no condition to endure the burden that fell on me. The housemaid went away for the Christmas holidays, and I could get no one temporarily. So I had to be cook, doctor, nurse, scullion, and everything except washerwoman.

One day I got a small splinter in my thumb, which I pulled out and paid no further attention to, and I kept on rubbing the resorcin on the eczema three times daily. In a day or two a small pimple, about the size of a pinhead, that would not heal, appeared on my thumb, but I did not pay much attention to it. A week after Christmas the girl returned, and the next morning I found a hard, painful bunch under the axilla, as large as a hen's egg, and hard as leather. My first thought was that I had strained the serratus magnus, and I used an old forgotten remedy which I have found very useful—Fenugreek. It accomplished no good, and acting on the suggestion of my wife that "a lawyer who conducts his own case generally has a fool for a client," I called in my friend, Dr.

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W——. He examined it and pronounced it a deep-seated enlargement of the lymphatic gland, and said the only course was to poultice it and bring it to a head. Then he spied the pimple on my thumb and pronounced it the whole cause of the trouble. Surely "great oaks from little acorns grow."

For three days I used flaxseed poultices, and no sign of softening. But the thing began to decrease in size, and I telephoned Dr. W—— to call. He coincided with my opinion, that the thing was going to work off by absorption, not a pleasant anticipation by any means, but what could one do? And then I began to understand the "ministry of pain," for the pectoral muscles were so sore that I could hardly draw a breath. Dr. W—— said "paregoric," and paregoric it was, although I despise opiates. And the constriction about the larynx was horrible. Still all through the whole affair there was not a hint of fever, so my ever present Abbott defervescent granule was not invoked.

The next indication was urine loaded with bile, showing that the urine had got at work on the liver. And then one evening I had a fit of nausea, and after depositing my frugal supper in the bowl, I followed it with a volume of bile. I thought this was all, but it was soon followed by a compound for which I have no name, and don't want any. The next morning Dr. W—— appeared and found the swelling nearly gone, and advised application of iodine to finish it up, syrup hypophos. comp. U. S. P. as a tonic, and sodium phosphate three times a day to clear the liver, instead of podophyllin and leptandrin, which I was using. This latter salt made me pause, for I have seen specimens of this salt containing enough arsenic to make its use dangerous, not that arsenic is used as an adulterant, but not enough care is taken to eliminate the poison. But on taking down my Squibb's Materia Medica, I found that they made a preparation of guaranteed purity, and the guarantee of that house goes with me. Their products cost more than some others, but cassimere costs more than satinet, and I will have Squibb's or Merck's if I have to send to the home office for them.

Well, I don't know that I have added much to the world's knowledge in this article. I have cured similar cases in three days by driving a solution of iodide of lithium into the gland with a galvanic current, and using eliminants. This case of my own lasted me five weeks, probably owing to the fact that I was run down, and an old chap of 71 is not always wise. At least if he is, he does not understand exactly how to apply his wisdom.

I am fast gaining by the use of a constructive which I find invaluable—Abbott's triple arsenates with nuclein, No. 413. I don't know how you will regard the free advertising I have been sandwiching into this article, but you can cut it out or send the bill to the proper parties. I have only endeavored to give a succinct account of a case in which, for obvious reasons, I was much, perhaps painfully, interested.

I would like to say one word regarding "Fenugreek" *(Foenum Graecum)*, which I mentioned at the beginning of this article. It was brought to my notice a year ago by an old German, a follower of Father Kneipp. I hunted it up in my botany, but could find no mention of it. Finally in an English work, in the public library, I found an exhaustive description of it, with the information that, while formerly in great repute with European practitioners, it had fallen into disuse except among veterinarians, who used it largely for spavin and ringbone. I reasoned that if of value in these conditions, it might be of use in other abnormal deposits, and I set about looking for it. But the druggists never heard of it, as I could learn, until I inquired of one of our Dorchester druggists, who told me that he sold large quantities to veterinary doctors. Meantime I had got some from an obscure house in New York City. The first trial I made of it was in a case of goiter, with marked effect, and for sprains it is a fine remedy, and I consider it a forgotten remedy that may well be remembered. It resembles in odor pulverized slippery elm. I mix it with vaseline into a stiff paste, and use as I would a poultice, and my experience with it leads me to further experiment with it. Some years ago a queer old chap in this city had great success in curing sprains, and I have questioned if this powder was not an important factor in his practice.

Dorchester Centre, Mass.

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IS CLIMATIC INFLUENCE OF ANY HELP IN THE TREATMENT OF TUBERCULOSIS?

By L. P. Barbour, M. D.

Fifteen years ago nearly every member of the medical profession believed that climatic treatment was the *only* treatment of tuberculosis of any use whatever. The writer of this was one of the first of the country to urge active treatment of this disease at home for those who could not go away from home. To-day the pendulum has swung to the other extreme, and the profession is now neglecting its most valuable asset in the combat with this disease. While some cases can be successfully treated at home, and while active efforts should be made at home for those who cannot get away, yet the synchronous action of climate with the same efforts that are made at home, will save many lives that are lost by treatment in the home climate of the East. Let me ask the readers of the Summary how many of your patients are cured by home treatment? I have put this question to many eastern physicians, and they all acknowledge that their percentage of recoveries is very small. If, to the open air, good food, proper regulation of rest and exercise, and such medication as each individual needs, you could add the positive action of dry air, bright sunshine, and altitude, you would find your efforts crowned with a large percentage of recoveries instead.

For the combined effect of dryness, bright sunshine, and altitude is of positive benefit. That this is true is proved by actual results. The country around Rocky Ford and throughout the Arkansas Valley of Colorado, is filled with former invalids who came here with tuberculosis and are now living in health and prosperity. To name individual cases would unnecessarily fill my allotted space; but if any doctor would like to have such cases cited, I will give him as many names as he can possibly want, to whom he can write if he doubts my word. Nor is a residence in this region a banishment to a wilderness, as some people of the East seem to think. The Arkansas Valley of Colorado is a highly organized, intelligent, and prosperous community. Our schools and churches are as good as can be found in the world. Our farmers are progressive and many of them highly educated. Farming under irrigation tends to small farms and intensive farming, which attracts the intelligent. Our climate, outside of and irrespective of its effect upon health, is one of the most pleasant in the world. Knowing this climate as I now do, I have real sorrow for those people who live in the Mississippi Valley or Atlantic States, even though they may be in the best of health. Life here is so much more comfortable.

That the readers of the Summary may appreciate more fully the comfort of the climate here, I give a short table of comparison of reports from the weather bureau of the United States:—

Rocky Ford, Colo.	99	1	277	14.6 inches
Philadelphia.	106	5	106	41.7 inches
Cincinnati.	95	10	95	45. inches

Nor does this table tell all the story. The low humidity, both actual and relative, makes both a high and low temperature much more bearable. It is an experience familiar to all easterners that a day with a high temperature and a high humidity—a steamy day—is vastly more oppressive than one with the same high temperature and a low humidity. Such "steamy" days we never have in the Arkansas Valley. Again, a day with a low temperature and high humidity is raw and chilly. Such days are common enough in the central and eastern States. They are rare, indeed—almost unknown—with us. A low temperature with a low humidity is crisp and bracing. Such are our winter days.

Therapeutic Effect.—The comfort of being able to be out of doors and moving around, in summer without sweltering, in winter without chilling, has no small therapeutic effect. You doctors of the east know how difficult it is to keep your patients out of doors, Here they willingly and cheerfully adopt the out-door life. Yet this is of minor importance compared to other effects, though this alone would make a change of climate desirable for the tuberculous patient.

Physiological and Therapeutic Effect of Sunshine.—The active physical effect of sunshine is so patent as to scarcely require mentioning. It has been the subject

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of careful experimentation, as well as of every-day observation. We have all seen plants attempt to grow without sunshine, and all know how "pale and spindling" such plants are. The effect upon animals and upon mankind is the same. Direct rays of the sun promote the formation of hemoglobin, and promote constructive metamorphosis. Life in dark rooms and houses is one of the most potent predisposing causes of phthisis, and, conversely, life in the sunshine is one of the most potent means for overcoming a phthisical attack.

Now, not only do we have more sunshine here than in Philadelphia by over 250 per cent. (see table above), but, owing to the altitude and absence of moisture, the thermic and chemic effects of the sun's rays are much more intense. A resident of the Atlantic Coast can scarcely realize this increased intensity. All of the effects of sunshine at sea level are intensified. The quick and decided increase of hemoglobin and tissue oxidation, the stimulated peripheral circulation, and the general well-being of the patient, are manifest in almost every one that comes here, sick or well. These effects are as positively shown as is the contraction of the uterus shown to follow the administration of ergot, or the relief of pain to follow morphine.

Physical and Therapeutic Effects of Dryness of the Atmosphere.—Increased action of the sweat glands and increased circulation of the skin and mucous surfaces and of the submucous and subcutaneous vessels, are the most marked results from a dry atmosphere. Whether this is true or not you can learn at home. Watch the weather bureau reports and then notice upon yourself the effect of days with a low relative humidity. If it is cold weather even a very low relative humidity will not cause visible perspiration. But the increased circulation is plainly evident in the reddened skin and general good feeling. Now change to a high humidity. You will see a "blue" surface and will feel chilled and uncomfortable.

Hot weather with a high humidity does, indeed, leave a visible perspiration. The air is already so laden with moisture that it can take no more, and beads of sweat hang on to the surface to check further perspiration. The skin becomes pale, congestion of internal organs occur, even to the brain, and we have "sunstroke." Given a low humidity, a dry air, with the same temperature, and the perspiration comes with great rapidity, but is just as rapidly absorbed by the thirsty air; the skin is reddened and the individual, though warm, is not depressed or overcome.

Now, all this increased action of the peripheral circulation, the increase of blood in skin and mucous surfaces, is certainly to be desired in the case of phthisical patients. We have, during the last two or three years, heard much of the Bier's method of treating tuberculosis of the joints and other accessible parts. The effect of sunshine and dry air upon the skin and mucous surfaces is similar to the Bier's treatment upon the joints, and the results are just as undoubted.

Physical and Therapeutic Effect of Altitude.—This has been the subject of much discussion and experimentation, but has been finally settled forever. Altitude does increase the number of red blood-corpuscles of the blood, and the increase is actual, and not merely apparent. Altitude also increases the amount of hemoglobin by 20 to 30 per cent. It also increases the oxidation of the body, as shown both by the amount of oxygen absorbed and the CO produced. It increases both the rate and depth of breathing. And further it stimulates the assimilation of nitrogenous matter. Because of this stimulation of all the metabolic processes to too great action, a very high altitude—7000 feet upward—becomes detrimental to some people. This effect is most commonly shown upon the nervous system, but is not so common as physicians of the East seem to think. I have never seen serious effects from the moderate altitude of the Arkansas Valley: 4177 feet at Rocky Ford. Rarely are any detrimental effects shown short of an altitude of six or seven thousand feet.

I want to repeat, every one of the physiological and therapeutic effects of sunshine, dry air, and altitude, given above, have been established by careful experimentation, as well as by observation, and are as well settled as are the therapeutic effect of any drug upon any diseased condition.

Rocky Ford, Col.

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OUTLINES FOR THE TREATMENT OR ABORTION OF TYPHOID FEVER.

By J. A. Ward, M. D.

If called within the first three to five days after an attack of typhoid fever, and being sure as to my diagnosis, I give the following:—

(No. 1.)

℞ Hydrarg chlor. mit. ....gr. iv.
Guaiacol (carb.) .....gr. xv.
Podophyllin .....gr. ss.
Menthol .....gr. iv.
Oil eucalyptol .....gtts. v.
Sacch. lactis .....q. s.
M. Divide capsules No. 64.
Sig.—Give two capsules every half-hour, washed down with half a glass of water.

If the patient be of adult age, continue treatment day and night (not stopping to let the patient sleep) until the bowels act freely, reaching as high as five to seven actions in twenty-four hours. The object is to get the bowels thoroughly cleaned out.

On the third or fourth day discontinue capsule No. 1, and give No. 2 every two hours.

(No. 2.)

℞ Guaiacol (carb.) .....gr. xv.
Menthol .....gr. viij.
Podophyllin .....gr. ss.
Hyd. chlor. mit. .....gr. iij.
Oil eucalyptol .....gtts. x.
Sacch. lactis .....q. s.
M. Divide capsules No. 64.
Sig.—Give a capsule every two hours, night and day, with water.

In the meantime, that is from the commencing of treatment, should temperature run up to a dangerous point, give the following, in conjunction with other remedies, to regulate temperature:—

℞ Acetanilid .....3ij.
Caffeine citrate .....gr. xxiv.
Tinct. capsicum (pres. to regulate temperature),
Tinct. minth. pip...āā. gtts. xij.
Camph. monobrom. .....gr. v.
M. Divide capsules No. 30.
Sig.—Give a capsule every two to four hours until the temperature comes below 103 F., then extend time to every six hours, discontinuing capsules when temperature falls as low as 102 F.

If tenderness with tympany of the bowels exist to a considerable extent, use the following as an external application to the bowels:—

℞ Oil turpentine .....3ij.
Oil eucalyptol,
Tinct. opii (stupe for bowels) .....āā. 3j.
Castor oil (cold pres.).q. s. ℥vj.
M. Sig.—Shake well together, then put the mixture in a pan or some other vessel to heat. Saturate a piece of flannel, three to four double or folds, and apply over the tender part of the abdomen as warm as the patient can bear it. It should be re-saturated and warmed every three to four hours.

This will remove the soreness and facilitate the action of the bowels. Will also act as a general alterative.

If the above fails to remove soreness and tympanic condition, paint over the abdomen with tincture iodine, evening and morning, until the skin becomes too sore from the effect of the iodine to permit its continuance, when the castor oil, stupe, or a poultice may be used instead of the tincture of iodine. After the skin has recovered from the effect of the iodine, it may be used again if necessary. We believe the tincture of iodine to be one of the best, if not the very best, local application that can be made to the tender abdomen in cases of typhoid fever.

On the sixth or seventh day drop off capsule No. 2, and give the following:—

℞ Oil turpentine .....3iij.
Oil eucalyptol .....3j.
Guaiacol (carb.) .....gr. xx.
Tinct. opii .....3j.
Powd. acacia .....3iv.
Aqua minth. pip. .....℥ij.
Syrup tolu .....q. s. ℥vj.
M. Sig.—Shake the bottle before giving each dose, and give a teaspoonful every four hours, night and day. Give in a little water.

We only wish to give the main points in the treatment of typhoid fever, allowing the physician in charge to use his own judgment as regards the working of his remedies, and to increase, decrease, discontine, or introduce other remedies, accord-

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ing to his judgment, in relation to the special case on hand. And as we rarely, if ever, find two cases of any disease exactly alike, therefore the treatment of all cases of disease is, to a greater or less extent, experimental.

In a vast majority of cases, however, of typhoid fever, if the treatment herein outlined is commenced within the first three to five days from the attack, and persistently followed, the disease will be aborted, or will not run more than twelve to fifteen days before convalescence will be thoroughly established.

The idea of the treatment that we have herein formulated was suggested by Dr. Woodbridge, formerly of Youngstown, Ohio, now of Chicago, Ills., and while our formulæ differ to some extent, the principle and results are the same.

Our prescriptions can be put up by any good druggist, hence are always fresh and free from deterioration.

We have been using the treatment above outlined for fifteen years, during which time we have lost only a single patient from typhoid fever, and he died from failing to obey orders; while the longest period that the fever continued in any one case was seventeen days. Since we adopted the treatment herein suggested, we have had at least two epidemics of typhoid fever that we got through without the loss of a single case.

Troy, Mo.

DROPSY: AN INTERESTING CASE.

By J. R. Borland, M. D.

Miss E. K., age 49 years, was taken with congestion of the right lung on January 17, 1908, and in forty-eight hours the left lung became congested, resulting in double pneumonia. Blisters were applied over the congested area of both lungs, which had a very decided influence in arresting the congestion. Veratrum and aconite were used to control temperature, and mild expectorants for the cough. She also had cardiac trouble from mitral insufficiency, for which strychnine and other heart tonics were employed. She passed through the pneumonia fairly well, and but little expectoration attended recovery. She had dropsy when 18 years old, from which she recovered, but it left a torpid liver, and she had occasional attacks of severe cramps (probably hepatic colic), which continued till about fifteen years ago, and her heart's action has never been quite normal since she had dropsy, as before stated.

Some months previous to this attack her lower limbs were swollen, and continued to swell during and after her recovery from pneumonia. Then, along in March, her abdomen began to bloat in spite of the use of cholagogues and hydragogue cathartics, until she was as large as though in the last stage of pregnancy. About the first of June I called Dr. G——, who had seen her several times during the pneumonia. He prescribed elaterium tablets, but they made her so sick that, after two days, they were discontinued. Nephroson (Merrell) was then given, with no result, which was followed by apocynum, sparteine, strophanthus, digitalis, etc., with no result that I could see, the bloating, dyspnea, and heart trouble increasing. The case looked desperate. The patient had heard of a case that Dr. W—— was credited with curing, and he was called in consultation. He prescribed nux and digitalis combined, and diuretic tablets; but these had no perceptible effect except to regulate the action of the heart.

Both physicians and myself had about concluded that it was a case of ascites, and that tapping would have to be done as a *dernier resort*. I said to the doctors that I had derived benefit from a decoction of the green bark of boretree (sambucus niger) in hard cider, with an infusion of horseradish root, in dropsy. Dr. W—— said he had often used a decoction of squills, and added to it potass. nit., with marked benefit. I had often given the jalap comp. with potass. bitart., with excellent results. This was about the middle of August. I put on my studying cap and decided upon the preparation, which follows:—

I got a boy to go along, and we gathered a lot of boretree stalks of that summer's growth, stripped off the bark, until I had three or four double handfuls. Could not get cider, so took cider-vinegar, one part to four of water, and made a strong decoction of the bark; then made a decoction of

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two ounces of squills, in a similar menstruum, put them together and simmered them down to a quart; then filtered it and added two ounces of potass. nit. and two ounces of fld. ext. jalap.

I had the patient take two tablespoonfuls every two hours, until the bowels were freely moved and plenty of water in the evacuations; then smaller doses or enough to keep them going. It nauseated somewhat, but not enough to induce vomiting, a matter which had concerned me all through her sickness. The result of the action of this remedy was most remarkable. Thirty-six hours after the remedy was commenced, the bloating began to go down, and continued to go down at the rate of an inch a day, until the water was completely evacuated. This by actual and careful measurement. The medicine acted on the kidneys as well as the bowels; the heart's action and respiration were improved as the water was evacuated.

The urine was frequently examined, which contained a considerable amount of urates, but no albumin.

The liver and heart were, no doubt, the main factors in causing the dropsy. She is now quite well, but takes the dropsy mixture and heart tonics occasionally.

Shortly after putting this lady on the dropsy mixture, I was called to see a man, age 44 years, who for several years had been troubled with asthma, and, in addition, had mitral insufficiency and anasarca. After relieving him of the asthma he was put on the dropsy mixture, which removed the water in less than a week.

Neither of these patients will probably be entirely relieved of the heart trouble; but by taking this remedy occasionally with proper heart tonics, they may have their lives indefinitely prolonged.

Now, dear reader, if you have a case of dropsy which baffles your best efforts, try this remedy. Give it in large enough doses to cause free watery evacuations and you will not be disappointed.

The inner (green bark) of the mature shrub is the part used. Cut the stalks in proper lengths to go in the stove oven, heat them until the outer bark can be rubbed off by the hand, then cut off the inner bark. If in the latter part of the summer, this is not necessary.

I am now having the remedy used on the third dropsical case, and look for favorable results.

If one will read up on the therapeutics of these drugs, he need not be surprised at their action.

I should have stated, in regard to the first case, that for several weeks before and during the administration of the dropsy remedy, until the water was completely evacuated, she could get no rest without a hypodermic of morphine and atropine; but fearing she would become addicted to it, I changed to the H. M. C. No. 2 (Abbott's) tablets, which contain the eighth of a grain of morphine. She said she could quit them, and she did.

Franklin, Pa.

THE DISPENSING DOCTOR AND WHAT SHALL HE DISPENSE.

By E. S. McKee, M. D.

Environment—city, town, village, or country practice makes a difference. The country practitioner, far removed from a reliable, up-to-date drug store, should have a liberal supply of drugs, all necessary proved pharmaceuticals pruning his supply, as all doctors should limit their use of drugs to those which will stand the test, eliminating the worthless unreliable fads of to-day. We obtain our best results in the practice of our art, not through the careless indiscriminating use of numerous drugs, but by the proper selection and appropriate application of a few with which we are well acquainted, and in the use and abuse of which we are well informed.

Prestige, as well as valuable time and possibly a still more valuable life, is lost in urgent cases by not having some few picked remedies at hand. For the relief of pain, the prompt evacuation of the stomach and bowels, one should always be prepared; also for the checking of hemorrhage and the relief of syncope and cardiac affections.

The doctor who enters the chamber of suffering, "when the iron tongue of midnight hath told twelve," armed only with a pencil and a piece of paper, is as unwise as the soldier who rushes to repel the at-

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tack of the enemy at "night's mid-most stillest hour," leaving his arms and ammunition in his tent. The dumb doctor, like the silly soldier, is often doomed to defeat. Forewarned, well armed.

The self-administration of drugs at the hands of the physician to a patient in dire distress, outside of the question of time saving, has a psychical effect, for who has not seen the anxious expression on the face of the sufferer who, with good reason, fears that all may be over before the messenger returns from the pharmacy. In case both the physician and his prescription leave, it seems to the sufferer that all hope has departed. Self-administered, the physician is assured that the patient has the remedy properly given and has time to wait and observe its mode of action.

Non repetatur has little effect on the ordinary druggist, and all habit-forming drugs, narcotics, and such were better dispensed than prescribed, as they are then under the control of the physician. He would be able to follow the patient and know how often he was repeating the prescription and, in his judgment, allow or restrict its continued use.

Pecuniarily speaking, there are remedies which should be kept on hand. Those drugs and combinations which are in everyday use and which keep well.

Pills, tablets, or ready-made mixtures are not the only remedies which can be kept on hand by the busy practitioner. While these are most convenient, yet many useful combinations may be readily made with the aid of a few active principles, tinctures, and fluid extracts.

The confidant and friend of him who, in distress, confides to us not only his sufferings, his sorrows, but also his shame, we should administer ourselves, where practicable, the remedies which become necessary in these cases. If they went to a drug store they would divulge to the drug clerk and his many chums the nature of the malady for which your patient was, in all confidence, consulting you alone. Emmenagogues are sometimes properly advisable, yet what drug clerk and the numerous young men loafers who are in his confidence will not surmise the worst, with reference to both patient and physician, when a lady patient hands him a prescription for these drugs. Syphilis and gonorrhea should be treated, in the majority of cases, without the aid of the druggist. The latter treats numbers of these cases without the aid of the physician. They should be kept in close confidence, and a drug store is, in the great majority of cases, not a secret service bureau. Aside from this there is the danger of the patient repeating the prescription indefinitely, thus injuring both himself and his medical attendant. The various remedies for the treatment of these confidential cases and their sequelæ should be kept on hand by the general practitioner.

A hypodermic syringe, a good one, of simple construction, which will not get out of order, should, like the doctor's nerve, be always with him even in his dress suit. It should be omitted only in his bathing-suit, and then should be on the beach. His hypodermic case should contain soluble hypodermic tablets of morphine, morphine and atropine, codeine, apomorphine, atropine, strychnine, nitroglycerin, morphine and hyoscine, pilocarpine, cocaine. These remedies may, of course, when necessary, be used by the mouth as well as hypodermically.

We have long been in need of a remedy which, given hypodermically, would cause a prompt evacuation of the bowels. This we seem to have in apomorphine hydrochloride. Diphtheria and croup demand quick action and a package of at least 3000 units of antitoxin should be at hand and changed as necessary. It is wasted time to telegraph and take the train for antitoxin after a case of diphtheria is discovered. Calx iodata and other remedies for croup should be ready when needed.

The obstetric bag should contain chloroform, ether, phenol, boracic acid, ergot, bichloride of mercury tablets, sealed tubes of aseptic ergot, quinine sulphate, petrolatum, adhesive plaster, absorbent cotton, and sterilized gauze.

Urinalysis.—Nitric, sulphuric, tartaric, citric and hydrochloric acids, Fehling's solution, liquor potassi, hydroxide, and bismuth.

Poison Antidotes.—Lime water, carbonate of magnesia, vinum ipecac, olive oil, zinc sulphate, peroxide of iron, charcoal, ammonia, alcohol, vinegar, atropine.

A medicine case, which constantly ac-

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companies the writer, contains: Tablets or pills of calomel and soda, acetanilid and codea compound, migraine, mercury protiodide, mentholic throat lozenges, chlorate of potash and borax, cocaine tablets for solutions, caricans comp., calcidin, methylene-blue comp., coryza, iron, arsenic and strychnine, orthoform lozenges, nitrate of amyl in pearls, Seiler's tablets, aloin, strychnine and belladonnæ comp., soda mint, Dover's powder, heart stimulant, vaginal astringent, quinine, triple arsenites with nuclein, bichloride antiseptic tablets, morphine, glonoin, while in screw-capped bottles in my bag are phenol liquefactum, spiritus frumentum, hydrogen peroxide, aromatic spirits of ammonia, chloroform, chloral, solution of protargol, vaccine points, slides, sputum bottles and swabs for specimens for microscopical examination, tube of ethyl chloride. This, of course, varies somewhat as to the time of the year and the diseases then in mode. There are, of course, a number of other solutions and drugs and appurtenances which one should have about the office, but are too bulky to carry about and too numerous to mention. They will accumulate if you practice long enough.

Some of these remedies, if at hand at the right time under urgent circumstances, are worth their weight in gold, and the practitioner who has them not when sorely needed, feels correspondingly cheap.

The general practitioner should neither dispense nor prescribe exclusively, but adhere to the happy medium, doing a part of each as best for himself and his patient.

19 West 7th St., Cincinnati, Ohio.

SOME EXPERIENCES WITH PUERPERAL ECLAMPSIA.

By J. H. Hiden, M. D.

In discussing puerperal eclampsia, I am well aware that nothing really new is presented in this article. It is simply my purpose to review and to emphasize the value of certain medical facts as they appear to me in the management of such cases. When called to a case of puerperal convulsions we then have little or no time for meditative work. The time for action has come. The physician should be cool, well informed, and more or less decided in his course. The general condition and symptoms of his patient should suffice to suggest an appropriate modification of any preconceived and favored plan of treatment. Thomas Macaulay, in his brilliant essay upon Sir James McIntosh, calls the readers' attention to the fact that it was seldom possible to get an opinion from Sir James in its formatative state. The opinion was almost invariably ready, based upon carefully selected evidence, and formed in the most accurate, elegant language. In other words, he had his knowledge and opinions at his command. It is not requiring too much to expect at least an approximate degree of such proficiency from the physician.

Many theories have been advanced about the etiology of puerperal eclampsia, some of which have often confused, rather than enlightened, the general practitioner. Here we find the old rule observed, namely, that the less we know of a subject the more eloquently we can write, for then, you know, there is no end to speculation. Among the theories advanced as to the cause or factors in the etiology of puerperal eclampsia we have, in a nutshell, as follows: Mechanical pressure from the gravid uterus; fetal products of excrementitious matter; toxic products and biliary salts of fetal origin; increased metabolism; uremia; toxemia; leucomaines in the blood; ptomaines in the circulation; impaired functions of the glandular organs; hepatic cellular degeneration; faulty action of the hepatic functions in the processes of metabolism; renal insufficiency; renal congestion; nephritis; more or less sensitive condition of the motor areas of the cerebrum, etc. At present the consensus of opinion is, however, that the most constant and predominating factor in the etiology of puerperal eclampsia is renal insufficiency. The primary cause in most cases, then, may be considered a toxemia. This thought, accepted and digested, will doubtless point out to the physician a rational course of treatment. And though in some cases this toxemia may be more or less of hepatic origin, as has been often shown upon autopsies in which fatty, cellular degeneration, capillary hemorrhages, infarcts, etc., have been observed, yet the

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general line of treatment should be practically the same, namely, to control convulsions and hasten the work of elimination. Now, in viewing puerperal eclampsia as the outcome of a toxemia, it is well to note that many of these cases of toxemia do not develop into convulsions at all, just as delirium is not always produced by the same degree of pyrexia even in the same patient. In other words, there are various kinds and degrees of puerperal toxemia which may, or may not, produce convulsions according to the conditions in each given case. I have seen in my own practice uremic coma develop instead of convulsions. This form of puerperal uremia is to be the most dreaded, as it is likely to prove apoplectic in character. I am glad to say I have had but one of such a type in my practice. In this case early forceps delivery, venesection, etc., proved fruitless. Up until this time I had followed in all cases of puerperal eclampsia venesection as the "life-saving agent." And, though yet a believer in the value of venesection in properly selected cases, yet of late years I have omitted this means of controlling convulsions with the most gratifying results. Indeed, I have treated seven successive cases, several of which appeared almost hopeless, with no mortality. Three of these were in persistent coma from eighteen to thirty-six hours during the intervals of violent convulsions. Two of the seven (primiparæ) were operative cases under complete anesthesia, in one of which was required a high-forceps delivery. In this latter case (the only one of the seven in which I had a consultant) convulsions persisted even when the pulse had been reduced to fifty beats to the minute. My consultant, regarding the case practically hopeless, retired, leaving me to deliver her without medical aid. Following her delivery, cathartics (croton oil, calomel, jalap, Epsom salts) and diuretics (bitartrate of potassium and benzoate of sodium) were freely used. Saline enemas and the hot, wet pack were also employed until consciousness was restored and convalescence established.

Now a little more about treatment. Morphine and veratrum viride were used instead of venesection. The first dose of each is given together hypodermically (morphine, gr. ⅛, and tincture of veratrium, 12 gtts). If this does not materially reduce the pulse-rate within twenty or thirty minutes, a second dose of about half the quantity is given. If additional doses are still needed, they are given by mouth. As soon as the pulse-rate is reduced to about sixty beats to the minute, a mixture containing chloral hydrate, bromide of potash, and veratrum is prepared to be given at stated intervals (say, every two hours) in sufficient doses to keep the pulse-rate within safe bounds, and furnish to the motor areas a nerve sedative.

The next feature to be considered in the treatment of eclampsia is that of elimination. To this end two drops of croton oil, with three grains each of calomel and jalap, are put upon the back of the tongue, and teaspoonful doses of Epsom salts are given every hour or two until free catharsis is accomplished. An enema of a normal salt solution is also often helpful. In some cases the normal salt solution may be given subcutaneously with advantage.

Diuretics, as bitartrate of potassium, benzoate of sodium, should also be added at stated intervals. Later on, after delivery is accomplished and convulsions have subsided, if the pulse should become weak, the diuretics then should be exchanged for others of a more stimulating character (digitalis, strophanthus, etc.). Moreover, at any time during the course of treatment, if patient's condition appears critical, the hot, wet pack must not be forgotten. Out of my seven cases above referred to, the most desperate were put in the hot pack with excellent results. My last case, after having had nineteen convulsions, was put in a hot pack and kept there for three hours, and the process was repeated at stated intervals until complete consciousness was restored and convalescence established.

In conclusion, I may add, by combining such drugs as morphine and veratrum in their proper proportions we avoid, in a measure, the great danger of over-dosing with either drug. The same is true in regard to the second combination containing the chloral mixture. And when the hot pack is employed a still greater diminution in these drugs can be allowed with a more or less proportionate degree of safety.

Pungoteague, Va.

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MEDICAL LITERATURE— SO-CALLED.

By Chas. S. Moody, M. D.

I may be very easily wearied, but there are some things in the current medical publications that are inclined to produce in me that "tired feeling" we read so much about. With a very few exceptions—I can point them out if you wish me to—the medical publications are stuffed full of "papers" read by some ambitious medic at the County Medical Society meeting held in Podunk Corners. Now, I haven't the slightest objections to John Henry Smith, A. M., M. D., impressing the assembled representatives of the healing art from the back districts with his wonderful erudition, but I do register a kick against the editors of journals that we pay our good money for, aiding and abetting the said John Henry in his nefarious attempt at impressing us with his superior knowledge. These days it seems the proper thing for county medical societies to invite some professional "lion" to address them upon some important topic. The greater the "lion" the better they like it. The lion comes, shedding an air of importance, like an aura about him. He arises and pompously details some professional hodge-podge that is the same old story in a new laid gown, while the bucolic medics sit with mouths ajar and drink in the words of wisdom as though they were pure from the Pierian spring. The "lion" does not say so, of course, for that would be telling, but the inference very strongly is that all the brethren from the wood's pasture should send to him all such cases as come under the head of the particular paper he reads. They do it, too. They remark unto themselves, "What wisdom! What knowledge. How can one head contain it all?" In fact, the whole screed is nothing but a rehash, and generally a very poor one, of some chapter on the subject taken from one of the standard authorities, and not one of the "lion's" auditors but could produce a better one with both hands tied.

One great trouble with the human family is that they are lacking in the sense of humor; they are inclined—especially doctors—to accept the blatant assurance of some designing demagogue as revealed truth. The average medic is too blamed busy to either make money or analyze what he hears or reads. That's one thing that kept the medical profession back about a thousand years. Some ancient disciple got in the habit of harking back to the Dark Ages for his medical wisdom, and he transmitted the habit to his successor, and before we knew it the thing got to be hereditary, so by the advent of our day we cheerfully accept canned religion, politics, music, medicine. The ministerial profession are ahead of us in one thing; the preacher knows that his congregation will accept as words of great wisdom the simplest statement if he only utters it solemnly enough. We fellows of the scalpel and pill bags do the same thing, but we don't know it. Let some chap with a local fame in the nearest overgrown town come out to your county meeting and tell you that "the square erected on the hypotenuse of a right triangle is equal to the squares of both its other sides," and if he says it earnestly enough you will nearly faint with wonder at his learning.

I object. I don't suppose it will do any great amount of good, but I object anyway. I register my plaint for the hard-worked country doctor who knows more medicine in a day than these sprigs of medical nobility will ever learn, and who is so impressed by the glamor that surrounds one of these that he is happy to sit and listen to the droning over of something that he knows better than his self-elected instructor. I am for medical societies where the brethren meet upon a common level and relate to each other their successes and failures. I am for medical societies where the members may listen to practical papers by practical men upon every day subjects, such papers written, not for the purposes of advertisement and subsequent publication, but from a desire to do good. I don't give a rap whether the author murders the English grammar or not. If the paper is stuffed full of good things I can overlook the literary imperfections. I can cheerfully hit any grammatical error that I happen to see riding along on the train of an idea and knock him into the middle of next week, then appropriate the idea for my own consumption.

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Now, let me take an easy fall out of the medicals journals. About all the alleged important (?) journals find their way onto our table. About all the journals that are satisfied to occupy a lower niche in the wall also drift in. The wrappers get removed from practically all of them. A few of them are read and filed. The big journals—those with a *name*—prove the least interesting of all. Why is this? The reason is not far to seek. They, like the County Medical Society of Posey County meeting at Podunk Corners, have gone "lion" hunting. Their columns are filled with alleged wisdom in the shape of professional "papers" upon unprofessional subjects. The average practitioner vainly chews around over all the mess of verbiage in the forlorn hope of extracting something that he can use in his work. Not a glimmering of a thought, not an idea that rises above the dead level of the commonplace. As Holmes remarked of the katydid, "Thou sayest an undisputed thing in such a solemn way." They prattle along for several closely printed columns iterating and reiterating things that have been told in books since Aesculapius was in swaddling clothes. Then the whole miserable mess is dignified by the ultra scientific journals as pure unadulterated science.

As an illustration, people understand better if things are mapped out for them. Several years ago I read in one of the great scientific (?) medical weeklies an article by some would-be surgeon just across the line, not so blamed far away but his name is pretty well known in your Uncle Sam's domains, however. This is what he advocated as a substitute for ventro-fixation of the uterus. Listen closely: He placed the victim (that's the only name for her) in the Sims's position and exposed the cervix uteri. Grasping the anterior lip of the cervix with a volsella, his assistant put the *cul-de-sac* of Douglas on the stretch. With a long, curved needle designed especially for that purpose, loaded with heavy catgut, the surgeon then passed it up through the *cul-de-sac* around the fundus, carrying the ligature into the fundus near the top and bringing it out through the abdominal wall. Unthreading his needle and threading it upon the opposite end of the suture, he repeated the performance. Grasping the two abdominal ends he made traction until the uterus was well up against the wall; then the sutures were firmly tied and the victim placed in bed. The author did not proceed to tell us how soon she was placed in the casket, and was equally negligent about informing us regarding the details of the funeral. I wonder what sort of monuments they erect to their dead in Canada? O tempora! O mores! O mamma!

Now, my good country cousin (I'm one of you myself, by the way) what do you think of shucking out your good hard dollars for such medical "hog wash" as that? That was only an isolated instance. I can find you plenty more of them if you care to see them. The chances are that thousands of physicians read that thing and set the author down as a man of original ideas, and they were correct, too. Nine physicians out of every ten would read that thing, and if they were not doing a lot of surgery, or seeing a lot of it done, would pass it by without analysis. It's the tenth man that reads the ridiculous in these articles and "cusses" himself for throwing away his good money.

Sandpoint, Idaho.

TRAUMATIC PERFORATIONS OF THE UTERUS INFLICTED FROM WITHING THE CAVITY OF THIS ORGAN.

By Aime Paul Heineck, M. D.,
Professor of Surgery, Reliance Medical College; Adjunct Professor of Surgery, University of Illinois; Surgeon to the Cook County Hospital.

For practical considerations, a three-fold division of this paper was deemed justifiable. The first part will be devoted to a consideration of the subject as a whole; the second part includes an analysis of all the cases of uterine perforation consecutive to intra-uterine maneuvers, published in the English, French, and German medical literatures from 1895 to 1907 inclusive; the third will embody what my clinical experience leads me to consider safe, conservative, and practical suggestions and conclusions.

Practitioners must not be unmindful of

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the fact that rough handling of the uterus exposes the patient to grave dangers. The experience of noted and skillful surgeons amply confirms the statement that the uterus can be, and often is, perforated with the most startling ease.

Owing to the fact that clinicians are unwilling, as a rule, to give publicity to such an accident occurring in their practice, the frequency of traumatic perforations of the uterus cannot be accurately determined. Most, if not all, gynecologists of large experience have met with this accident not once, but several times, in their work (Baldwin). In the records of 3172 consecutive autopsies, held between February, 1898, to February, 1908, at the Cook County Hospital, Chicago, not a single case of uterine perforation is reported. In all the cases of abortion and in all the cases of pregnancy, treated at the same institution during the years 1903-1907 inclusive, 495 abortions, 2343 pregnancies, only three perforations of the uterus occurred; two died (autopsy denied); one, treated expectantly, recovered.

By diligently searching the medical literature (American, French, English, and German) from 1895-1907 inclusive, I was able to collect only 160 cases of perforating wounds of the uterus inflicted during the course of intra-uterine instrumentation. Some additional cases are found in Rebreyend's These. They do not infirm; in fact, they confirm our conclusions.

Uterine perforations can be classified into true and false perforations.

True perforations may be spontaneous, may be consecutive to some insult to the uterine tissues. This insult may be thermic, chemical, bacterial, or traumatic in nature. All perforating wounds of the uterus are true perforations.

False perforations (pseudo-uterine perforations) are not perforations in fact. They constitute a condition in which the clinician is under the impression that he has perforated the uterus when in reality this accident has not taken place. Though pseudo-perforations are of very infrequent occurrence, it is important that clinicians be cognizant of the nature of the condition. A timely and accurate interpretation of its symptomatology will save the physician much anxiety and the patient needless subjection to operative risks. As the failure to recognize this condition has led to serious mistakes, we will briefly discuss these pseudo-perforations and eliminate them from further consideration. This term (pseudo-perforation) though, in our opinion, not of unquestionable propriety, is used to designate a condition capable of conveying to the operator the impression that he has perforated the uterine wall, when, in fact, this mishap has not occurred. What, then, has occurred?

1. The uterine sound or other instrument may have slipped into a double uterus (uterus didelphys). It may have entered a uterus unicornis.

2. The instrument may have slipped into the dilated uterine end of a Fallopian tube (very rare) or into a bicornuate uterus. Watkins, after opening the abdomen, found that what he had diagnosed the passage of the curette into the peritoneal cavity was the passing of the curette into the Fallopian tube. In Hind's case the uterine sound was introduced in the uterus before incising the abdominal wall; after opening the abdominal cavity, it was seen that the sound had threaded the whole length of the Fallopian tube. It was presenting at abdominal orifice of the tube. In Floeckinger's case, laparotomy showed that the uterine sound was in the oviduct. In Thorn's case one uterus was myomatous, the other was latero-flexed and latero-verted. In the case of myoma of the uterus, the uterine sound was introduced 14 centimeters; suddenly there was a lack of resistance, hasty removal of the sound followed upon this. On opening the abdomen, it was seen that the sound had penetrated for a distance of 3 centimeters into the Fallopian tube. Ahlfeld also reports a case in which, after laparotomy, it was seen that the left oviduct had been entered by a sound introduced into the uterus. Nevertheless this occurrence, the introduction, by way of the uterus, of any instrument into the Fallopian tubes, is very infrequent, so infrequent that its possibility has been denied by competent observers, because:—

1. Under natural conditions, the lumen of the uterine end of the oviduct is so small that it is only with difficulty that one can introduce a bristle into it.

2. Under normal conditions, the broad ligaments and also the ovarian ligaments

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maintain the Fallopian tubes in a transverse position in the pelvis.

Lawson Tait was never able, on the cadaver, to sound the tubes through the uterus. He maintains that under normal conditions it is impossible to introduce, by way of the uterine canal, an instrument into the normal Fallopian tubes. Catheterization of the tubes is more liable to occur in the presence of such pathological conditions as uterine latero-version and latero-flexions, after interstitial gravidity, after hematometra, etc.

3. The instrument may have slipped into a small cavity, which has developed in the interior of a uterine fibromyema.

4. The sudden ballooning or relaxation of the uterus may also convey to the operator the impression that he has perforated the uterine wall. There is such a condition as atony of the uterus. The fact that at all periods of sexual life the uterus has the property of alternate contractions and relaxations, is regarded as proved by all physiologists. Contraction and relaxation are properties inherent to all muscular tissues, and the uterine muscularis is not an exception to the general rule. Keiffer's experiments, bimanual examinations, etc., point to a more or less periodic variation in the tone of the myometrium.

During curettage one often notices a uterine lengthening of 1, 2, or 3 centimeters. It is no longer claimed, just because the curette in these cases is not kept in constant contact with the uterine wall, that these uterine lengthenings are instances of perforations of the uterus. They are evidences of uterine relaxation. The system of uterine blood-vessels is adapted to expansions and contractions. R. De Bevis, in *La Semaine Medicale,* Paris, 1906, vol. 26, p. 253, has an excellent and exhaustive article on pseudo-perforations of the uterus.

Though this condition, pseudo-perforation, is infrequent, its existence can no longer be denied. In Craig's case the operator, supposing that he had perforated the uterus, opened the abdomen; he then found the uterus to be uninjured absolutely. In a case reported by N. Gheorghiu, the removed uterus showed no trace of perforation. Kossman bears witness to similar facts.

Perforating wounds of the uterus, especially of the pregnant uterus, can be inflicted from above; can occur during the course of a laparotomy; can be associated with penetrating wounds (gunshot wounds, stab-wounds, and similar injuries) of the abdominal wall; of the gluteal and other regions; can occur during the course of delivery. Wounds so inflicted, though they involve the same organ, though they also extend through the entire thickness of the uterine wall, demand, owing to their method of infliction, owing to their portal of entrance, owing to their almost invariable association with serious visceral or other injuries, to be considered separately from the perforating wounds of the uterus that form the subject matter of this paper.

We will consider in this article only such perforating wounds of the uterus as are due to violence, inflicted from within the uterine canal; that is, only those perforating wounds in which the vulnerating agent has either been introduced through, or has traversed the uterine cervical canal before perforating the uterine wall. The element of trauma is essential—is indispensable to the accurate conception of these perforations.

In the course of intra-uterine instrumentations, diseased and healthy uteri have been perforated, and most disastrous results have ensued. Wounds of the uterus, like wounds of other organs or tissues, are solutions of continuity of tissue. They are always of sudden occurrence, and are always due to the direct application of mechanical violence.

To avoid misunderstandings, a distinction must be made between penetrating and perforating wounds of the uterus. The former only enter the uterine wall; the latter traverse its entire thickness. Therefore the distinctive characteristic of perforating wounds of the uterus is, that they involve the entire thickness of the uterine wall. All the coats, or rather layers of the wall of the uterus, are interested: the mucosa, the muscularis, and the serosa (in those portions of the uterus that are covered by the peritoneum).

The uterine perforations discussed in this article were always consecutive to some intra-uterine maneuver, and always

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immediately so. In this class of uterine wounds the vulnerating agent establishes a direct communication between the uterine and some adjacent cavity; the peritoneal cavity most always; rarely the vaginal or the vesical cavity; still more infrequently the lumen of the gut. In other cases the perforating instrument, after having pierced completely through a portion of the uterine wall not covered with peritoneum, enters the peri-uterine connective tissues, penetrating between the folds of the broad ligaments, parametrium. If the violence still continues to act, the vulnerating instrument may perforate one or both layers of this ligament and thereby also enter the peritoneal cavity. The perforating instrument may enter the vesico-uterine space, may enter and lodge in the space of Retzius, may enter and lodge in the Douglas *cul-de-sac.*

Traumatic perforations can involve any portion of the uterine wall. In my two cases the perforation, as is usual, as is almost always the case, involved the posterior wall; in Van Ripper's case the rent was in the anterior wall; it extended from the fundus uteri to near the vaginal vault. In Harris's and Whitney's case the anterior wall showed a transverse rent about 1½ inches in length. In a case reported by Hall the uterus was perforated from horn to horn, and the perforation was filled with omentum. In one case the perforation was situated at the anterior and left lateral surfaces of the supra-vaginal portion of the cervix. In another the perforation was also in the anterior wall.

The perforation may be in the cervix uteri; may be in the corpus uteri or may involve both; may be single; may be multiple (they are, most usually, single); may be small; may be large, or as in a case reported in which the midwife produced a uterine rent 20 centimeters long. In Ullmann's case there were two perforations. In Schenk's case there were three. In Werelius's case the uterus contained seven punctures. The perforation may be barely visible—in one of my cases merely a sub-peritoneal ecchymosis was present; may be large enough to permit the escape of a large portion of the omentum and of intestines through the rent, as in Hessert's case, in which four feet of gut had been pulled through the uterine rent; as in Holmes's case, in which intestines were found between the woman's legs; as in Congdon's case, in which the operator, after pulling out 40½ centimeters of intestines into the vagina, twisted them off. As in Davis's case, during the course of intra-uterine maneuvers, the anterior wall of the uterus was perforated and the intestines damaged to such an extent that over fifteen feet had to be removed. In another case reported, the operator kept on pulling intestines until he had drawn out six feet of bowel, which he cut off. This case terminated fatally; all the other cases mentioned above recovered. The perforation may be large enough to allow the escape of the fetal head into the peritoneal cavity; may allow the escape of the fetus into the peritoneal cavity, as in Whitney's case. In Tait's case, nine months after the date of infliction of the perforation, the track of the curette could still be seen. The size and shape of the opening are, to some extent, dependent upon the size and shape of the vulnerating instrument.

The perforation may lead to the formation of permanent abnormal channels of communication between the uterine and adjacent cavity, as in Dr. Lobdell's case, in which the perforation of the uterus took place directly into the bladder, and a permanent vesico-uterine fistula resulted; may lead to the permanent prolapse of a portion of the omentum into the uterine cavity. Usually, after the infliction of the injury, the vulnerating agent is removed. In some of the reported cases—exceptional cases, I admit—it was abandoned in place, and was either expelled per vaginam or eliminated by the aid of a slowly ulcerative, suppurative, or other pathological process through newly created avenues. The perforating body may be eliminated through the rupture of a near or of a distant abscess, or may be removed at an operation or at autopsy. In one of Treub's cases the bougie was imbedded in a retro-uterine abscess. In his other case he removed, by an incision, the perforating catheter from the space of Retzius. In Johnson's case the patient was laparotomized, and the bougie, cause of perforation, was found to be almost entirely folded in and covered by the omentum, an

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evidence of the effort of nature to repair the damage and to prevent injury of the abdominal viscera. In Thorn's case the perforating bougie, after the patient had been laparotomized, was found lying obliquely in Douglas's *cul-de-sac*. In Talmey's case the perforating bougie was found lying in front of the proximal edge of the right kidney. In Bullard's case the crochet hook was discharged through the anterior abdominal wall. It did not interfere with the continuance of gestation. In Perle's case the needle or trocar, that had perforated the uterus, was removed, some time after, from an abscess in the right inguinal region, where it had become encysted after its passage through the uterine wall. In Fairchild's case, at laparotomy, the hairpin was found, high up, in the abdominal cavity near the diaphragm. In Patru's case the perforating catheter was found imbedded in an abscess palpable through the anterior rectal wall. By means of an incision made in the anterior rectal wall, all the pus was evacuated and the bougie removed. In Marchand's case a Hegar's metallic, dilating bougie, No. 12, perforated the uterus, and was abandoned in the patient's body. After about a year of invalidism she was laparotomized, and the sound was found between two folds of mesentery. It was removed; recovery ensued.

Any instrument that can be used or misused in the uterine cavity is capable of perforating the uterine wall. All forms of uterine sounds, of uterine dilators, of curettes (curette included), can be incriminated. In one case mentioned thirty-one inches of gut had been torn away by the augur curette. In the cases reported during the last ten years, it is stated in unmistakable terms, that the vulnerating instrument was

1. Uterine douche tube, irrigator, catheter, 12 cases.
2. Uterine bougie, uterine sound, 17 cases.
3. Uterine dilators, 31 cases.
4. Uterine curette, 44 cases.
5. Miscellaneous agents, 50 cases.

In other cases the offending agent is either not stated or happened to be either a probe case, a wire, a meat skewer, an electrode.

Chicago, Ills.

TO BE CONTINUED.

SUGGESTION REPUDIATES HYPNOTISM.

By Robert Gray, M. D.

Unfortunately I am reluctantly actuated to dissent from the able and interesting contribution of Dr. W. T. Marrs: "The Mind as a Factor in the Cause and Cure of Disease," in November SUMMARY, because the deductions are erroneous in every acceptation wherever suggestive and hypnotic affiliation is advanced, whose antithesis is as incongruous as the North Pole and the torrid clime, hence deplorably misleading.

The text of the contribution is sublime, and the article would be a masterful portraiture of scientific suggestive therapy had it not been spoiled by lugubrious shadings of debasing hypnotism which I am unable to conjecture how so talented a writer could have the heart to introduce.

Suggestion is an attribute divine, whose mystic haunt is the subjective mind in the solar plexus of the brain, above and beyond the realm of mortal faculties, while hypnotism is of the flesh carnal, a domain of personal magnetism, far more intensely positive in some persons than in many others, to whose influence some are subject, others exempt; a power not all unlike that of the serpent's charm, whose victims are

"Like the bird whose pinions quake—
But cannot fly the gazing snake."

Hypnotism is no element of medical science, while the supreme function of suggestion is scientific medication, applicable to the patient through the medium of the subjective mind, yet entirely free from any hypnotic symptom, and not available for any other purpose, even the infant, the idiot, and the moribund being alike susceptible to its influence, in each of whom the subjective mind is rationally enthroned till the heart pulsates no more, when that immortal element abandons its tenament of clay.

I am inexpressibly pained that Dr. Marrs referred to hypnotism or hypnotic experience, when he is certainly qualified to write a helpful suggestive contribution if he will but disabuse his mind of the harmful unprofessional fallacy of recognizing

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hypnotism as a participating element.

There is probably no practitioner anywhere who employs suggestion more extensively than it comprises a predominating part in my practice, nor one who has used it longer, even before it had a generally recognized scientific name, and none who has a stronger founded faith in its clinical value.

I have repeatedly told SUMMARY readers my appreciation of suggestive medication and how I employ it, and even wrote a nutshell lesson to answer numerous importunities for more elaborate explanation in a booklet, "Specific Medication," many physicians in the United States asked me to prepare, yet never contaminated with a hypnotic tinge to which I am a clinical stranger.

I am writing this hoping to influence Dr. Marrs to become a disciple of true suggestive therapy, for he surely is enthusiastically in earnest and sparkles with legitimate suggestive illumination whenever he gets a lucid passage free from hypnotic enthrallment. I desire that not only Dr. Marrs, but every doctor anywhere may have the suggestive auxiliary service that is mine so beautifully.

I put a felon in a 20-per-cent. carbolic acid solution, and apply chloroform suggestively, telling the patient the province of each treatment with impressive particularity, and especially as to the chloroform, admonishing not to be foolish and escape the influence prematurely and not to remain under it longer than necessary; yet such suggestion exercises no degree of hypnotic influence as to the mere physical action of the anesthetic, but serves to tranquilize the anatomy, preparing mental reconcilement to the lethargic superventions over the vital faculties—an influence that seldom fails to dominate propitiously to the end of the operation.

I cure hiccough ninety-seven times in a hundred suggestively, usually in a moment, yet I never try to cure grave emergencies thus without chemical auxiliary.

Dr. Marrs is correct about the influence of the mind and its banefulness when in a morbid trend. I have seen conscripts in the Confederate army die promptly without a symptom of disease other than the demon thought of death that haunted them continually; and I have met hundreds of patients in private practice dominated by despair, most of whom would die under any state of circumstances without the stimulating aid of suggestions. Suggestions and hyoscine are the team to pull the insane out of the remorseless gulf of madness.

It may be that I get better help from suggestion than the average practitioner because my faith is stronger and because I inspire patients with responsive faith. I am discussing suggestive medication, not faith cure nonsense, in which I take no stock; nor do I have any faith in suggestion to perform chemical effects, which are intensified by suggestion, but not thus produced, suggestion being a systematic, not a mechanical process.

I am endowed with physical properties of magnetism proper for high degree hypnotic practice. I never employ, not even for amusement, much less as a medical auxiliary, because it has no provice above the animal realm, as already affirmed, and cannot aspire to enter that of suggestion, a spiritual domain.

Booklet just off press (The Clinic Publishing Co., Chicago) I wrote to answer letters impossible to reply to personally, gives as near a true lesson on suggestive medication as it is possible to write, and tells all any one needs to know in advance desiring to migrate to Mexico or the Spanish-Americas to seek medical fortune—probably a wiser venture than that of long study to pass State board examinations, whose questions ability to answer would not qualify to cope with tropical fevers.

Pichucalco, Chiapas, Mex.

CHRONIC ARTHRITIS.

Dr. Bayard Holmes, in *Lancet-Clinic*, says: "The treatment of a chronic arthritis which has been demonstrated to be non-tuberculous consists in at least three distinct maneuvres. The first is designed to increase the elimination, promote nutrition and do away with the anemia; the second is the eradication of the primary infection upon which the arthritis is dependent; and the third is the repair of the joint, the removal of the deformity and the restoration of the joint and the surrounding muscles to their normal condition."

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

PROPHYLACTIC CIRCUMCISION.

During twenty years of active practice in general medicine and surgery it has been my experience to have seen many fads and fancies of our profession arise, flourish for a time, and then fade away. Crede's method of placental expulsion was so thoroughly ingrained in the students of my time, and later, that any expression of criticism of the practice branded one as uninformed. In the passage of years I have seen many cases of hemorrhage that in my secret mind I attributed to the too hasty removal of the secundines. At this time an expression of that opinion does not arouse professional contempt.

I have been awaiting a sensible attitude of our brethren in the matter of circumcision, but by the journals I judge that the acme of that fad has not been reached. I wish to be numbered among the pioneers who protest against the indiscriminate circumcision of male infants. In my experience it has not been usual to find in the new-born prepuces that could be retracted easily. Following the teaching I had received I had circumcised prepuces seemingly redundant and non-retractible in the new-born up to some years ago. Then, on one occasion, upon preparing to remove the foreskin, I fortunately discovered a pneumonia which delayed the operation, and I did not see the child until some months after. On re-examining the patient I found the same apparent condition, but upon producing stiffening I slipped the foreskin over and thereafter advised doing so daily and applying a sterile lubricant. Since that time I do not circumcise, if there is a free flow of urine, until the child is a year old, and I have found very few cases that did not yield to a gentle separation of the foreskin from the glans, and after that a free slipping back of the hood. I apply cocaine to the parts, retract as far as possible, slip a probe under the sluce, or when necessary nick an opening for it to be slipped under and peel the two mucous surfaces of the glans and prepuce apart, clear the corona, clear out the smegma in the sulcus, apply a lubricant, and instruct the mother to retract daily for a spell. It is astonishing how many cases of phimosis and apparently redundant foreskin yield to this treatment. I most emphatically oppose the custom of indiscriminate circumcision, and I contend that many, many cases supposedly fit for no other treatment than circumcision can be better treated by the method outlined above.

The two main arguments advanced for the routine practice of circumcision are that the prepuce causes reflex irritation and that venereal diseases are the more easily acquired where the foreskin exists. A freely gliding foreskin never irritates. Venereal infection is acquired as readily by an abraded surface uncovered as by one covered. I further contend that an exposed gland is more likely to be irritated than a covered one; furthermore, the protected nerve terminals are a help to the longer preservation of potency. I could enlarge on the unsightly deformities that have come under my observation from this practice of circumcision, but I am only pleading for a common-sense stand by physicians on this fad of clipping foreskins.

[The above was scissored by us from a recent number of the *Medical Record*. It was communicated to that journal by Dr. J. C. Farmer, of San Francisco, and it is so eminently practical, and shows such good common sense, that we have deemed it worthy of reproduction here. Read it carefully, think it over, and see if you do not agree with us as to its practical worth. If you do not agree with the arguments presented, let us have your own views for publication in THE SUMMARY columns. ED.].

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

A SEVERE CASE OF HEMETEMESIS, WITH RECOVERY.

Editor Medical Summary:

This case happened to fall to me very recently. The woman was a frail little body of about thirty-five, having a family of half a dozen children, the last just weaned. She had not had a return of her menses. When I entered the room I saw she was as pale as paper and her lips were as white as her skin. Hemorrhage suggested itself to me at once. No history of hemorrhage concealed or otherwise was elicited. I thought of ectopic gestation and a ruptured ovum, but found no evidence pointing particularly toward it. There were slight elevation of temperature, extreme weakness, pulse of 120 per minute, weak and thready, and in keeping therewith there was a feeble heart whose first beat was almost absent. Strychnine, digitaline, and diffusible stimulants were prescribed. The next morning all these symptoms were multiplied several times. The features were like marble and she seemed almost exsanguinated. The heart and circulation were still feebler, and the prostration was extreme. The raising of the head even slightly produced fainting. The husband showed me, after my brief examination, a wash-pan half full of blood and mucus which she had thrown up during the night. The emesis was followed by fainting and prostration. The blood was thickly clotted, and looked to be between a pint and a quart of it. The next night another attack of vomiting occurred, and about the same amount of blood was again ejected. I do not know where it could have all come from, she being very anemic to begin with. The prognosis looked as bad as anything could be, and a consultation was asked by me, but owing to the indigent circumstances of the family, the man did not wish to incur the additional debt. The woman continued in this low state of vitality four days. Supposing that there had been quite a destruction of tissue to account for all this blood, I looked for an inflammatory action, and this I knew the woman could not well combat with so little blood. The temperature during that time wavered between 100 and 102. If it had gone to 103 or 104 I am of the opinion that death would have immediately followed. But in this case the unexpected happened, and she became slightly convalescent on about the fourth or fifth day. Notwithstanding the low state of vitality, she retained a certain amount of nourishment and stimulants, which greatly aided nature's other recuperative measures. The nourishment consisted of eggnogg, beef tea, chicken broth and milk, and later buttermilk. Codeine and other sedatives were given until the danger of a recurrent attack of emesis seemed past, and after that the bowels were kept open with calomel and Abbott's saline laxative, alternating occasionally with castor oil. Calomel and soda in one-grain doses were well tolerated after the immediate danger seemed past. The most interesting phase of this case, from my point of view, is that the woman got well.

W. T. Marrs, M. D.

Peoria Heights, Illinois.

RAKE "UP" OLD ASHES.

Editor Medical Summary:

Some of the old remedies discarded are the best after all, and do better work. I had a case of the old-time itch (scabies).

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and gave this formula, and had such happy results that I give it for what it is worth:—

℞ Sulphurated potassa .....3iij.
Ung. hydrarg. nitrat.,
Sapo mollis .....āā. ℥ss.
Vaseline (solid) .....q. s. ℥ij.
M. Ft. ung.

Sig.—Rub in well the last thing at night and first thing in the morning wash off, after morning's application, with "Grandpa's" common wonder soap. It is so full of potassium carbonate and common tar, that it kills the parasite or itch mite.

The salve perfumed with a little oil of bergamot is not objectionable, and does quick work. Where a lotion is indicated use this, and you will find it effective:—

℞ Acid salicylic,
Potassium bicarb. .....āā. 3vj.
Aqua dest. .....q. s. ℥viij.
M. Ft. lotio.

Sig.—Use three or four times a day on points that itch, and wash off once a day with soft soap or the bar soap mentioned.

I never believed much in internal medication, as the ravages of the parasite is truly a local affair. Of course, the clothing should be changed often and strict cleanliness observed in every way. Where it is imperative that you make a rapid cure, use a 90-per-cent. solution of liquid acid carbolic with glycerin, and antidote it locally at once with pure alcohol; as it most often presents itself on hands, forearms, and lower extremities, you can do this easily and with safety. Oftentimes those cutaneous diseases are overtreated, and a very troublesome irritation produced by the agent employed to treat and control it. I give you a prescription as old as the hills, but very popular with the laity after they have used it. It is indicated in subacute rheumatism and bottled-up uric acid, where we have unhealthy deposits and infiltration in the muscles, and the toxins cannot get in the general circulation, and where we have a false metabolism, if you can use the term. In septic prostatitis or when we have hypertrophy of that gland, it certainly does effective work, and then we have a strong and potent psychical effect, as the terebinthinate odor is so marked the patient thinks the goods go right through to the diseased surface. Verily, "the mind runs the body," especially in such cases:—

℞ Ol. terebinthinæ,
Ol. gaultheriæ .....āā. ℥ij.
Ol. eucalypti .....gtts. v.

M. Sig.—Twenty drops after meals and bedtime on lump sugar, slowly dissolved in the mouth or in a little sweetened water.

It can be employed as a liniment with good results, and it has been of great service to me for years. I have used an old-fashioned teniacide for years with good results, and as it is a little unusual, many of you have not been familiar with it. Give the patient weakened doses of Epsom salts, in strong lemonade, for two days previous to taking the antidote, and a light slop diet. The magnesia and lemonade will take away the mucus protection from the worm, and have your patient take a pint of kershaw or crooked neck squash seed pounded up in a strong mortar, with enough water to make a light emulsion, and strain through cheese cloth. Take one-half, and in one hour the rest; three hours after take two tablespoonfuls of castor oil, or one dram of comp. jalap powder, and six drams of sulphate of magnesia in half a glass of water. You get the head every time. The kershaw seed can be gotten at any seed store, and you can often get the squash at the grocery store. Did you ever notice, you men of the profession, that all anthelmintics act on the great sympathetic chain of nerves, and the majority dilated the pupil. Santonin, spigelia marilandica, or pink root, one of our most efficient preparations for the annoying lumbricoides, will cause light delirium and a dilated pupil: Santonin, pelletierin, all of them, and kousso. The kershaw-squash does it in some cases to marked degree. Pumpkin seed is good in some cases, but too mild in many. In writing a practical article for a journal, one digresses and gets way out in the stream, and in a future article I will stick to the text and try to draw from the cortical cells of my brain a few thoughts that will amuse and perhaps edify. Some that are willing to recognize that a man of forty years' experience has a few good cards up his sleeve yet, and is willing to play them for the benefit of those that are willing to absorb.

A. V. Banes, M. D.

St. Joseph, Mo.

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PHYSIC.

Editor Medical Summary:

We learn from "Rollins' Ancient History":—

"In early times the origin of physic, the beginning of which, as of all other arts and sciences, were very rude and imperfect, Herodatus, and after him, Strabo, observe, that it was a general custom among the Babylonians to expose the sick to passers by in order to learn of them whether they had ever been afflicted with a like distemper, and by what remedies they had been cured." From hence several people have pretended that physic is nothing else but a conjectural and experimental science, entirely resulting from observations made upon the nature of different diseases, and of such things as are conducive to and prejudicial to health. It must be confessed that experience will go a great way; but that alone is not sufficient. The famous Hippocrates made great use of it in his practice, but he did not entirely rely on it. The custom in those days was for all persons who had been sick and were cured, to put up a tablet in the temple of Aesculapius, wherein they gave an account of the remedies that had restored them to health. That celebrated physician caused all these inscriptions and memorials to be copied, and derived great advantage from them. Physic was, even in the time of the Trojan war, in great use and esteem. Aesculapius, who flourished at that time, is reckoned the inventor of the art, and had even then brought it to great perfection by his knowledge of botany and chirurgical operations; for in those days these several branches were not separated from one another, but were all included under one profession.

The two sons of Aesculapius, Podalirius and Machaon, who commanded a certain number of troops at the seige of Troy, were no less excellent physicians than brave officers, and rendered as much service in the Grecian army by their skill in medicine as they did by their courage and conduct in their military capacity. Nor did Achilles, himself, nor even Alexander the Great in aftertimes think the knowledge of this science improper for a general or beneath his dignity. On the contrary, he learned it himself from Chiron, the centaur, and afterward instructed his friend, Patrolus, in it, who did not disdain to exercise the art in healing the wound of Eurypilus. This wound he healed by the application of a certain root, which immediately assuaged the pain and stopped the bleeding. Botany, or that part of physic which treats of herbs and plants, was very much known, and almost the only branch of the science used in those early times. Virgil, speaking of a celebrated physician who was instructed in his art by Apollo himself, seems to confine that profession to the knowledge of simples. It was nature herself that offered these innocent and salutary remedies, and seemed to invite mankind to make use of them. Their gardens, fields, and woods supplied them gratuitously with an infinite plenty and variety. As yet no use had been made of minerals, treacles, and other compositions since discovered by closer and more inquisitive researches into nature. Pliny says that physic, which had been brought by Aesculapius into great reputation about the time of the Trojan war, was soon after neglected and lost, and in a manner buried in darkness till the time of the Peloponnesian war, when it was revived by Hippocrates and restored to its ancient honor and credit. This may be true with respect to Greece, but in Persia we find it to have been always cultivated and constantly held in great reputation. The great Cyrus, as is observed by Xenophon, never failed to take a certain number of excellent physicians along with him in the army, rewarding them very liberally and treating them with particular regard. He further remarks that in this Cyrus only followed a custom that had been anciently established among their generals, and he also informs us that the younger Cyrus acted in the same manner.

It must, nevertheless, be acknowledged, that it was Hippocrates who carried this science to the highest perfection. And though it be certain that several improvements and new discoveries have been made since that time, yet is he still looked upon by the ablest physicians as the first and chief master of that art; and as the person whose writings ought to be the chief study of those who would distinguish themselves in that profession.

Men thus qualified, who, to the study of

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the most celebrated physicians, as well ancient as modern, as also to the knowledge they have acquired of the virtues of simples, the principles of natural philosophy, and the constitution and contexture of the human body, have added a long practice and experience, together with their own serious reflections; such men, in a well ordered state, deserve to be highly rewarded and distinguished, as the Holy Spirit itself signifies to us in the Sacred Writings:—

"The skill of the physician shall lift up his head; and in the sight of great men, he shall be in admiration," since all their labors, lucubrations, and watchings are devoted to the people's health, which, of all human blessings, is the dearest and most valuable. And yet, this blessing is what mankind is the least careful to preserve. They not only destroy it by riot and excess, but through a blind credulity, they foolishly intrust it to persons of no credit or experience, who impose upon them by their impudence and presumption, or seduce them by their flattering assurances of infallible cure."

There were, it seems, mountebanks in those days. We have them in every community; not that they are ignorant and devoid of medical education, but that they make promises they know they cannot meet, and covertly decry the merits of some other brother's capabilities and treatment, as compared to their own superior attainments and skill. Of all men, they are the most contemptible and dishonorable.

D. L. FIELD, M. D.

Jeffersonville, Ind.

BRUCINE.

Editor Medical Summary:

This alkaloid is found in varying proportions in nux vomica, ignatia amara, angustura, and in general throughout the family of Loganiaceæ. The process for its extraction is simple and well known. It is more soluble in hot than in cold water. It forms crystallizable, soluble salts. The brucine of the shops is almost always mixed with strychnine, and the variations in relative strength assigned to brucine may be attributed to this fact.

The physiologic action of brucine resembles that of strychnine, but the former is much less powerful. Various writers have pronounced the difference as great as 1 to 6, or even 20. Bouchardat denied that any such difference existed, and in America brucine is considered equal to one-half or one-quarter the strength of strychnine.

The therapeutic effects of the two are closely analogous, both being applicable in the whole line of paretic maladies, torpidity, and atony of the whole body or of any special member or organ. In such conditions as occurring in young children, brucine is preferable to strychnine. Laura counsels the milder remedy in atony of the gastro-intestinal musculature, in tympanites disordering digestion and giving rise to diarrhea or to constipation, or to an alternation of the two. This is a common and at times a perilous condition with infants. Tympanites sometimes embarrasses both respiration and circulation.

Laura found brucine especially effective in the treatment of the paralyses of infancy as manifested among the poor children of the Children's Hospital. The cures thus obtained, he adds, were no secret among the physicians and the benefactors of this institution.

Brucine suits the young and the feeble. It increases the force of expectoration, facilitates respiration, digestion, and defecation; it aids in the generative act without endangering collapse and syncope like the direct aphrodisiacs (Burggraeve). It is preferable to the latter also, as it has not their well-known (to the laity) reputation, a source of the gravest peril and occasionally a cause of death when these drugs are taken ignorantly or injudiciously.

Laura, who had a large and happy experience with brucine, placed the dose at two to three times that of strychnine. Something is to be credited to individual susceptibility also. Taking the granule of 1-134 grain, he advises as a mean daily dose 12 to 20 granules for adults, 5 to 10 for children, in acute cases. In chronic maladies adults may take 6 to 10 granules daily, children 2 to 4. The remedy should be suspended occasionally for a week out of each month, or for every sixth day. In cases of long standing it is well to begin with one granule four times a day for adults, adding one daily dose every alter-

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nate day until some effect is evident. Those who employ this method of dosage soon learn that comparatively feeble doses often suffice to restore normal equilibrium and the control of the nerve centers, and apparently serious pertubations subside.

Brucine has been insufficiently studied. Murrell says it is merely "a little strychnine," and codeine likewise "a little morphine," but neither assertion is correct. Codeine exercises a control over the vagus superior to that of morphine, and is consequently a better remedy against cough or pain and excited peristalsis in the stomach and bowels. Brucine differs from strychnine principally so far as is known, by the possession of very decided local anesthetic powers. This renders the milder alkaloid preferable whenever there is debility with irritation or erethism in the gastro-intestinal tract.

If strychnine seems to be indicated, but the stomach resents it, substitute brucine.

The writer has had a series of cases in which the local application of cocaine solutions as local anesthetics was followed by a serious failure of the circulation, threatening collapse. In these, when another application was required, brucine was added to the cocaine solution sufficient to make the dose of brucine injected from 1-40 to 1-20 grain. In every instance the anesthetic effect was enhanced and the depression did not follow.

Sometimes the nerves become accustomed to the stimulus of strychnine, so that they no longer respond to it, as in the case of old paralytics. If we change to another of the strychnine group we may find that a gratifying response will follow. I have found this to be the case when brucine or thebaine was substituted, and I believe that experience along this line with the other members of the strychnine group would afford valuable results.

Bricheteau, commencing with small doses, gradually increased until he reached the huge dose of three grains a day. Evidently the brucine could not have been of the quality supplied by American pharmaceutic chemists. I have never had occasion to exceed 1-3 grain in twenty-four hours, and rarely reached one-half this dose.

W. C. Abbott, M. D.

Chicago, Ill.

TREATMENT OF TONSILLITIS.

Editor Medical Summary:

I have read Dr. Black's article in The Summary for September, 1908, and my appreciation of the results of his treatment for tonsillitis prompted me to add my mite also. The following method was original with my late Professor, Dr. John Croning, of Buffalo, N. Y. The method is as follows: The patient should be given a mustard foot-bath and ten or fifteen grains of Dover's powder at bed-time. Then either sodium bicarb. or sodium salicylate should be ordered to be rubbed over the inflamed tonsils. Personally, I prefer the salicylate. The patient should be instructed to moisten his index finger and then to immerse it in the sodium salt. Then with the right index finger to rub the left tonsil, and with the left finger to rub the right tonsil. This process of rubbing the tonsils should be repeated once every two or three hours. The bowels should be looked after by giving calomel and saline purgatives.

I have practiced medicine for thirteen years, and have never known this method of treatment to fail to cure the patient in from twenty-four to forty-eight hours.

George E. Mour, M. D.

Bartroun (Mt. Lebanon), Syria.

HERNIA CURED BY ELECTRICITY.

Editor Medical Summary:

There occurs almost daily in the life of every practitioner of medicine who enjoys a large practice, instances of cures out of the ordinary, and I believe that if more attention was given to reporting such instances to some wide-awake medical journal when our notice was called to them, that we would make far greater strides in reducing the practice of medicine to a fixed science. The case I am about to report I do not say that the cure could be reproduced on some other similar case, but I do know that it was affected in this instance.

About sixteen months ago Mr. J. B., who has been a sufferer for over twenty-five years with a right inguinal hernia caused by an old-fashioned hay-rake striking him in the groin while raking hay

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when a boy, and for which he was compelled to wear a well-fitting truss which, at times, was hard for him to procure on account of the opening gradually becoming larger and his truss wearing out, and thus compelling him to have a new one adjusted.

I was cognizant of the fact that he was ruptured when he came to me for treatment of a pain in the lumbar region, which he claimed to have been a constant sufferer for more than two years, during which time he had resided at a considerable distance from me, and is, at the present time. I had forgotten about his rupture and that he wore a steel spring truss. I placed him upon the platform of the static machine, connected up the platform with the negative side of the machine, grounded the positive side and, using the sharp point electrode from the positive side, I administered about fifteen minutes' duration of severe sparks to his lumbar region and groin, gave him an 8-ounce vial of elixir fringe tree comp. to take in teaspoonful doses after meals, when he departed for his home and was not seen or heard from by me until to-day, and to my great surprise was informed that my treatment, above referred to, cured both his back and rupture. He was a very gritty fellow and made no complaint, and I gave him a terrible scorching with the electricity; so much so, that he was compelled to remove his truss after leaving my office, and he has never worn his truss a single hour since, and there remains no doubt of this treatment affecting a permanent cure in this man's rupture.

H. J. CHAPMAN, M. D.

Speed, Kansas.

THERAPEUTIC NOTES.

Editor Medical Summary:

The winter ailments of children constitute a goodly portion of the physician's business at this season of the year. Pneumonia in children less than six months' old may always be looked upon with a good deal of gravity. Medication in children of this age must be carefully guarded. Small doses of calomel are useful throughout the illness, supplemented by castor oil to effect thorough elimination. Free catharsis must be employed, as the constant swallowing of mucus coats the stomach over, and more or less re-absorption occurs, with gastric disorders. Atropine and veratrine may be given to advantage provided they are carefully watched. Dover's Powder is an old, but useful, sedative. Hydrotherapy is the safest antipyretic. If there are symptoms of convulsions the mustard bath or warm pack are our most useful expedients.

In older children—from one to five, or older—stronger medication may be employed. Aconitine and veratrine are safe remedies and dependable ones. Calomel and oil are always indicative. I do not believe strychnine is a remedy for acute febrile conditions when the heart is already working overtime. The heart needs slowing down rather than whipping up. Strychnine is a remedy for the non-febrile, atonic condition of convalescence. Nourishment is very important. The nearer it approaches a liquid form the better. Mustard plasters and warm camphorated oil are better local medicaments than onions, mush, and other sloppy applications. Ipecac and squills are good expectorants, but should not be pushed to the point of producing gastric irritation. During convalescence the arsenate and iodide of iron are useful.

Croup always makes the doctor hustle, no matter how dark or cold the night. Calcidin is now quite generally used. It is a dependable remedy, and when it is used it is seldom necessary to produce emesis. Calomel greatly aids it and helps to prevent recurrent attacks. Cloths should be wrung out of water to which ammonia has been added, and these applied to the throat and chest.

Rheumatism is another seasonable ailment. In acute attacks salicylate of soda and salithia are good remedies. Small doses of calomel, followed by salines, are indicated. Inflamed or painful joints should have oil of wintergreen applied, and then swathed in cotton or wool. So far as possible the patient should keep a quiet, recumbent position, for by so doing there is a great tendency to obviate cardiac complications. The patient should take water abundantly, and if the kidneys do not excrete freely, a citrate or acetate of potassium preparation will be serviceable.

W. T. MARRS, M. D. Peoria Heights, Ills.

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WHAT A HAIR WILL DO.

Editor Medical Summary:

John B., age 40 years, gave me the following history: For two months he has been suffering a great deal from neuralgia —lateral surface of head—extending over cervical region, axilla, and arm. Following this he noticed swelling over cervical region of neck and under his arm. In this condition he came to me for relief.

Examination of Case.—The lymphatic glands, beginning from under lobule of ear, extending along cervical region of neck to axilla, were enlarged. Under lobule of ear and axilla these glands seemed to be broken down, so I made an incision in axillary region, but found no pus. I dressed the wound and placed him on internal treatment. The glandular swelling left the axilla, but remained along the cervical region, increasing in inflammation. I made an incision at angle of jaw along the cervical line, and found a hair that had penetrated through the lymphatic gland and had coiled itself in the shape of a washer. I expect the hair was eight inches long.

At the location where the hair was removed I found a small amount of pus. In a week these wounds were healed and patient had no more trouble.

I report this case as it is a very rare one, and might be interesting to the readers while looking the journal over.

I sent this hair, which is in a coil, to the editor.

B. A. Washburn, M. D.

Paducah, Ky.

WHERE DID IT COME FROM?

Editor Medical Summary:

On February 26, 1905, I had a unique little case. Si Potts—that is his real name —an old fellow who baches out at the edge of town, came to see me, stating that he had sustained a little injury to his shoulder a couple of weeks before, and supposed that a sliver of bone was broken loose. Over the deltoid muscle near the shoulder joint I felt something sharp just beneath the skin. I made a little incision, expecting to find a spiculi of bone. It proved to be a needle about two and one-half inches in length. It was quite dark in color. Otherwise it resembled a plain household needle. Si has had nothing to do with needles or other feminine accoutrements for lo these many years, and has no recollection of absorbing a needle either internally or externally. The question naturally arises, where did it come from?

W. T. Marrs, M. D.

Peoria Heights, Ill.

REMOVAL OF FOREIGN BODIES FROM THE NOSE, ETC.

Editor Medical Summary:

The usual method recommended to remove foreign bodies from the nostrils of children by closing the child's mouth and inserting a tube in the open nostril and the giving of a sudden, hard blow through the tube by the operator. This method works fairly well, but of late years I have used the Politzer bag with good results, the foreign substance generally coming out with force sufficient to send it across the room.

The following wrinkle is handy and avoids mistakes in giving medicines when there are several patients in the same family, or if patients take medicines from several glasses. This is done by sticking an ordinary gummed label on each glass, writing name of patient, the dose and the hours for taking the medicine. Apropos of cotton jackets, etc., for pneumonia, etc. In place of the cotton-wool I use ordinary sheet wadding, such as is sold in every drygoods store, using double thickness and cutting two slits for arms, pining over shoulders and on side.

Louis J. Pons, M. D.

Roxbury, Conn.

The public school must teach the science of hygiene. It is not its business to reject children for defects and deprive them of school benefits by returning them to the parents or guardians.

Dr. Byron Robinson.

Salicin, 5 grains every three hours, is a most valuable remedy in acute rheumatism and in all muscular pains.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE ARTERIES OF THE GASTRO-INTESTINAL TRACT. With Inosculation Circle, Anatomy and Physiology with Application in Treatment. By Byron Robinson, B. S., M. D., Professor of Gynecology and Diseases of the Abdominal Viscera in Chicago College of Medicine and Surgery (Medical Department of Valparaiso University); Consulting Surgeon, Mary Thompson Hospital for Women and Children. Chicago Medical Book Co., Publishers, Chicago, Ill., 1908. Price, $1.50.

As is indicated in the title of this monograph, it deals with the arterial supply of the digestive tract. This distinguished author, in a most thorough, painstaking manner, and in extraordinary detail, describes the arteries here concerned, and the bearing of their course and distribution upon the functionating of the viscera. They supply under both, physiologic and pathologic conditions. The author states that one of the chiefly desired objects of the book is to present the unlimited utility of the "inosculation circle" in the cure and prophylaxis of disease.

Dr. Robinson is an anatomist of well-known ability. His special work is in the intestinal, urinary and genital tract, where he has reduced physiology to elementary principles, and none other has so clearly recognized or so consistently taught the functional significance of his findings. The "circles," which are so lucidly described in the text, are also admirably well presented in illustrations. A number of articles from the pen of this indefatigable worker or delver in research work, have appeared in the columns of THE SUMMARY. His contributions were invariably embellished and enriched with speaking illustrations of the text. A debt of gratitude is due Dr. Robinson by the medical world for his painstaking research work for the benefit of the profession.

CLINICAL TREATISES ON THE SYMPTOMATOLOGY AND DIAGNOSIS OF DISORDERS OF RESPIRATION AND CIRCULATION. By Prof. Edmund von Neusser, M. D., Professor of the Second Medical Clinic, Vienna, etc. Authorized English Translation by Andrew MacFarlane, M. D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College, etc. Part II. Bradycardia and Tachycardia. E. B. Treat & Company, Publishers, New York. Price, Cloth, $1.25.

The heart being the vital center of the organized body of man, or the *fons et origo* of circulation, as it were, must be seriously considered in practically every disease, and its condition is very often the most reliable indicator of the result and best indicates the progress of the disease or affection. All the factors involved in the decrease and increase of the heart's action have been brought together in a most admirable manner, and the author emphasizes the fact that the study of the cardiac phases is an important part of the work of every practitioner. The value of the study of symptoms, as observed at the bedside of the patient, is particularly emphasized throughout this series of monographs, and hence their worth for careful

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perusal by the physician seeking definite points for the correct diagnosis of diseases, as it were. This is Part II of a series of monograph-translations from the German on the "Symptomatology and Diagnosis of Diseases of Respiration and Circulation." Part I of this series was noticed in the January SUMMARY.

BACTERIAL FOOD POISONING. A Concise Exposition of the Etiology, Bacteriology, Pathology, Symptomatology, Prophylaxis, and Treatment of So-Called Ptomaine Poisoning. By Prof. Dr. A. Dieudonne, Munich. Authorized Translation, Edited, with Additions, by Dr. Charles Frederick Bolduan, Bacteriologist, Research Laboratory, Department of Health, City of New York. 128 Pages. E. B. Treat & Co., Publishers, 241-243 West Twenty-third St., New York. 1909. Price, Cloth, $1.00.

The subject of this small volume interests all of us to a certain degree, at any rate, and as "Bacterial Food Poisoning," in the original has, within a year, become favorably known as one of the best presentations of the subject, and as in the translation the American editor has incorporated descriptions of a number of recent outbreaks of food poisoning, elaborating upon the prophylaxis applicable to American conditions, and also going more fully into detail on the subject of treatment, slightly re-arranged the material, an index added to facilitate reference, this, with the other changes and additions, greatly enhances the value of the volume.

CLINICAL DIAGNOSIS AND TREATMENT OF DISORDERS OF THE BLADDER WITH TECHNIQUE OF CYSTOSCOPY. By Follen Cabot, M. D., Professor Genito-Urinary Diseases, Post-Graduate Medical School; Attending Genito-Urinary Surgeon, Post-Graduate and City Hospitals, New York. 225 Pages. 41 Illustrations, 1 Colored Plate. E. B. Treat & Co., Publishers, 241-243 West Twenty-third St., New York. 1909. Price, Cloth, $2.00.

Between the covers of this small volume, containing some two hundred pages, we find much of interest to the general practioner on the subject treated. In fact, it would be a rather difficult matter to name another book, treating the same subject, with a similar amount of matter, that would present anything like the practical knowledge to be gained from the book under consideration. The author, a thoroughly practical physician with vast clinical experience, and a specialist on genito-urinary diseases, has fulfilled every promise and intention of this work in making it a guide for the general practitioner, giving practical methods for the diagnosis and treatment of disorders of the urinary bladder. While the technique of cystoscopy has been beyond the reach of the general practitioner in the past, recent improvements and reduction in cost of the instruments for the purpose have now brought it within the reach of all. We believe that this little volume will be quite popular in a very short time, as it well deserves to be, and all will profit by its careful perusal undoubtedly.

The best way to prepare a fly blister is to spread the ceratum cantharidis upon a piece of zinc adhesive plaster, and the free margin of the plaster will permit its attachment to the surface of the body.

Subjective pain in reno-ureteral tuberculosis may refer to the healthy or diseased organ—it may be reflex and is uncertain as to locating the disease.—BYRON ROBINSON.

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Summary Gleanings

Purgatives act better when given combined rather than given alone.

Salicin may be less effective than salicylic acid, but is indicated in similar cases. However, it acts more kindly in the stomach and less likely to produce ill effects on the heart.

Elix. valerianate of ammonia, dose one teaspoonful, is an efficient yet mild antispasmodic.

Syrup of lactucarium, 1 to 3 drams, is mild, yet a good anodyne for children; no untoward results. Especially indicated in nervous conditions, such as restlessness and sleeplessness. It deserves more extended use.—Dr. Earp.

Hydrastis canadensis (fluid extract) is an excellent local application in cervicitis, endometritis and vaginitis, the one great objection to its use being its staining properties.

Typhoid fever in old people has a tendency to induce cataract, most probably by reason of a reduced nutrition during the continuance of the fever.

In treating any form of conjunctivitis do not neglect general medication. Open the emunctories, clean out generally; this often means success.

All forms of Bright's disease are liable to eye complications; look for albuminuria retinitis in these cases.

The one cure for diseased tonsils—hypertrophied, atrophied or buried—is complete removal.

Tubercular renal inflammation is the most perfect type of infectious nephritis.—Byron Robinson.

In gonorrhea, the fluid extract of hydrastis canadensis mixed with mucilage as thick as can be used by injection, is of much service. It should be retained in the urethra for some time, and the urethra should have been previously cleansed with water or a solution of sodium chloride.

Bryonia is especially indicated in acute lung or bronchial disorders with no expectoration, dry cough, short and harsh, or hacking, with soreness increased by coughing.

For distress or pain in acute inflammatory disease, aggravated by movement or relieved by pressure, give bryonia.

Aloes is one of the best general cathartics, and hence enters into most of the combinations. In action it is almost a specific in some cases.

For flatulence in pregnancy, Ringer recommends 5 to 15 grains of sodium sulphocarbolate after meals.

The public school represents knowledge, progress, civilization.

Dr. Byron Robinson.

Dr. Grady recommends, as a liniment for the chest, 15 drops of oil of mustard, a dram each of oil of sassafras and cedar, and 4 ounces of alcohol.

It is advised that carbuncle be deeply incised with a cross incision, and that pure carbolic acid be applied deep into the incision. Ichthyol should then be painted on freely, or the wound should be packed with boracic acid.

Next to ergot as a remedial agent to restrain hemorrhage, Dr. Parvin, of Philadelphia, used to place hydrastis canadensis, 15 to 20 drops ter die.

The late Prof. DaCosta, of Jefferson Medical College, used to warmly advocate the use of salicylate of sodium in diabetes, and claims to have had better results with this agent than with any other remedy. Give from a dram to a dram and a half in twenty-four hours.

In the treatment of gout and those with a gouty constitution, Prof. Bartholow used to claim that sulphate of manganese was a remedy of great utility, its virtue being chiefly due to its effect on the hepatic functions.

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APRIL, 1909

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No. 2

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By Aime Paul Heineck, M. D.,
Professor of Surgery, Reliance Medical College; Adjunct Professor of Surgery, University of Illinois; Surgeon to the Cook County Hospital.

TWO CASES OF GONORRHEA.
By Geo. B. Lake, M. D.

ARNICA.
By W. C. Abbott, M. D.

A DISCURSIVE CONTRIBUTION.
By J. L. DeWolfe, M. D.

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The MEDICAL SUMMARY

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PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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A BUSINESS TALK.

Too many doctors are living in rented property. If you are not in the heart of a great city where the owning of property is as impossible for the mediocre individual as getting a deed for a few acres of sky, it will pay you to buy a home that will make you sweat blood in your efforts to pay for it. It will look like an insurmountable task to think of trying to pay for a place with your present income—perhaps. But that is the only way to save money, to get yourself in a tight place where you will be obliged to work like a beaver to ever get out. Get out you will if you put forth the right kind of efforts, and you will be all the better man for having demonstrated your ability along this line. Property can be bought almost anywhere these days by paying a stipulated sum monthly which may, sometimes, amount to little more than the rent which you would be obliged to pay for the same property. There is nothing that nerves you up so well when you go out to collect a bad debt as to be able to tell the debtor with a clear conscience that you are trying to save your little home. It is a difficult matter for anyone to save money unless he has a definite place to put it, and the best place is usually real estate. A little farm is a good thing for rural doctors to connect themselves with. Land never depreciates in value and never goes up in smoke. Leave alone all speculations where big returns are promised. There are smarter financiers than us who are waiting with plenty of money to take advantage of everything in which the profits are big. Did you ever stop to think what small dividends even railroad stock pays? Doctors should judiciously invest their hard-earned money and shun get-rich-quick schemes as they would a leper. The crafty element of the world looks on doctors as being easy marks anyway.

Economy can be practiced in many ways. It does not alone consist in eschewing cigars and cutting out many little things which we can enjoy. Sometimes our worst economy is in purchasing costly things for which we have not much use, and instead of which the money could have been better applied. If the doctor is situated where he makes very few office examinations a hundred-dollar chair could be dispensed with. In the matter of instruments it is better to err on the side of buying the little, usable kind than those with which

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to perform operations. We have known young doctors who, at graduation, bought instruments for craniotomy and laparotomy. Those same fellows have never bursted a baby's head or ripped a belly with their shiny "tools." As a rule, the doctor will be just as well off with a little private practice if he does not encumber himself with too much apparatus that takes up room and catches dust. A good battery or two are good investments, and perhaps a small nebulizer. The idea which so many have in arraying themselves with about everything that can be found in a sanatorium is absurd. The glamour of it wears away, and in time it ceases to lure patients. You will also find yourself using your armamentarium of this kind less and less as years go by, and learning to depend more upon homely devices and ready-made expedients. This is not to discourage mechanotherapy in its various details; everything has a rightful place in medicine. But it does not pay to spend all you make for stuff simply to clutter up your office. It is a good thing to pursue one line, say, electrotherapeutics. This is a branch of medicine much neglected, and one in which there are possibilities for energetic doctors.

Money put into a library is usually well spent. Books the doctor must have. He should take as many medical journals as he can well afford. In buying books doctors should endeavor to get reliable works that are written by men who know their subjects thoroughly, and he should pass up books that are simply written to sell. It is, however, needless to read everything that is written these days, for much is embalmed in books that, in the language of a famous wit, "ain't so." But the studious doctor will usually win out in the end. The studious doctor will, in ten years, outstrip his popular rival who is now telling stories to an anxious crowd from the second-story of a goods-box in the corner grocery.

Be neat in your appearance and cultivate a pleasing personality. These things count for very much, especially in the estimation of women. Study psychotherapy and try to always get the patient's mental index. Impress the patient that you know your business, but do this so gently as never to arouse his antagonism. Do not argue. When a patient tells you he can't do thus-and-so, you should begin to talk of some of the things he can do, but do not take issue with him. Instead of agreeing with the patient it is best to anticipate him, and you will then be prepared to get him to float along with you.

Try to get your money. That's what we started out to say. Make your bill such as you think the patient can pay, and then go after it. Do not be guided doggedly by the dictates of any society in fixing your fees. You are the only fellow who can do that in a satisfactory manner in all cases.

ELECTRICITY.

It matters little how we produce this agent, for the effects are much the same. It is true the revolving disk often used by physicians impresses the patient, and he thinks he is getting a return for his money, and perhaps he is. As to the effect, whether the cell produces the current or the disk, is not of much consequence. Whether the current is interrupted or continuous is also of little moment. Many physicians prefer that generated by cell decomposition, and others use exclusively frictional electricity. Increased mobility of the muscles, and increase in the circulation are characteristics seen after the application. In narcotism, paralysis, and atrophy of the muscles, any kind of electricity is of value. In rheumatism it produces good results. Professor Huchard, of Paris, valued it when used in connection with the bath. Electric light baths are given and hydrotheraphy is commended by physicians who realize that simplicity in treatment of disease will ere long be followed by men of good judgment and experience. In delirium tremens, and those conditions where the skin fails to do its work, hydrotheraphy is an aid to the doctor. In rubiola and typhoid fever advanced physicians use it and are enthusiastic. In any condition where water and electricity are indicated, we can and do get results. Baths were known to the Romans and perfume was used in them, but in modern times electricity and water are combined, and are advocated as an aid, but not a substitute for drugs. In Switzerland baths have been used in typhoid, combined with antiseptics, and recent research has demonstrated their utility. Medicated baths

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and salt baths were in common use in Germany as far back as 1870. The combination of electricity and water may not be very modern, perhaps, but both are used successfully, and can do no harm to any one.

CASTRATION FOR RAPE.

The SUMMARY has several times called attention to a fact which everybody knows concerning carnal fiends of the black race. It is that the hanging and burning of negroes has no restraining effects upon other sensuous brutes, but that on the contrary, such summary and atrocious attemps at wreaking justice are usually followed by other crimes against women and children in the same locality. It is a queer sort of psychology and cannot be easily accounted for, but it seems that fear has no deterrent effects upon other evil-minded negroes. We know full well that the idea of castration brings instinctively revulsive thoughts to the minds of right-minded people. We believe, however, that it is more humane than burning at the stake, and it is probable that the unsexing of these black brutes would exert more deterrent effect upon others than simply taking the life of one thus charged and thus letting the matter soon be effaced from memory. It is the consensus of opinion that unsexed men are, as a rule, quite docile in female society.

Texas is the first state to attempt to enact a law to make castration a penalty for rape. Such a law has just passed the House by a big majority, and is now up to the Senate, and it is thought will readily pass. If so this unique legislation of the Lone Star State wil be watched by other States with great interest. Here are a few paragraphs from the bill:—

"Whoever shall be guilty of rape shall be punished by death or by confinement in the penitentiary for life, or for any term of years not less than two, or by castration, or by such imprisonment and castration in the discretion of the jury; provided that punishment by castration shall apply only in case of rape by force, threats, or fraud. Castration, as provided for in the preceding section, shall be performed by the county physician of the county where such conviction is had, if there be such physician; if there be no such physician such castration shall be performed by a competent physician to be appointed by the court trying such case. The physician performing the castration as provided for in this Act, shall receive therefor the sum of twenty-five dollars, to be paid by the State upon the certificate of the judge trying said case.

"The fact that the crime of rape is rapidly increasing and that the additional penalty provided for in this Act will, in a large measure, deter the rape fiend, creates an emergency and imperative public necessity, requiring that the constitutional rule providing that bills be read on three several days in each house be suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted."

DENTAL HYGIENE.

It is not necessary for one to be a devout follower of the great masticator, Mr. Fletcher, to know the value of good and serviceable teeth. A German insurance company has made an appropriation of $25,000 to be used in administering dental work for its policyholders, which points out the fact that they realize a relationship between good grinders and long life. It takes the life insurance people to get at the truth concerning mortuary matters. Physicians should teach the people to conserve the teeth and care for them properly. Barrels of good teeth have been extracted by doctors when a little repairing might have saved them for useful service throughout many years. Dental hygiene, if more generally practiced, would prevent acres of suffering and prevent the sacrifice of many good teeth before their natural decay. The hygiene of the mouth should have more consideration, for upon reasonable oral asepsis depends the life and usefulness of these important members—the teeth.

IF YOU PRACTICE OBSTETRICS.

A great deal of attention must be given to little things. First of all the obstetrician should be pleasing in manners and clean of person and speech. He should make his personality felt keenly in the accouchement chamber, but this in a quiet, unostentatious

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way. He should endeavor to say and do the right thing. He should cultivate the habit of saying agreeable things without turning himself into a wit or a joker. It is better for him to err on the side of talking too little than too much. He should try to keep himself busy if he desires to be popular. The parturient woman has little use for the doctor who sits around dozing or reading a newspaper while she is in travail. If there is not imperative need of his services for some time, it is better that he absent himself from the premises. His constant presence may create the impression with the patient that she is in active labor when she is not. The obstetric armamentarium should be complete. That does not mean that every instrument and apparatus ever employed should be carried. But such as the physician is accustomed to use should be at his command. Among other things that should be taken along are these: Forceps, hypodermic syringe, perineum needles, thread, needle-holder, placental forceps, silk-worm gut, tissue forceps, hand brush, chloroform inhaler, absorbent cotton, gauze, pads, soap, scales, lubricating ointment, talcum powder, and safety pins. The following drugs may, at times, be needful: Ergot or ergotine, acetic acid or vinegar, chloroform or ether, lysol, argyrol, carbolic acid, boracic acid, morphine, hyoscine, strychnine, atropine, alcohol, veratrine or veratrum viride, chloral hydrate, ipecac, and tablets for saline infusion.

WHERE PSYCHOTHERAPHY IS MOST USEFUL.

It should always be used in inducing chloroform or ether narcosis. Less of the anesthetic will be required and much danger to the patient obviated.

It is the obstetrician's most valuable stock in trade.

No dope habit or perversion can be reached only by suggestion, which, in turn, arouses salutary auto-suggestions on the part of the one afflicted.

It reinforces the action of drugs. Tell the patient what general results you expect from the medicine you prescribe. Make it emphatic. His latent forces will be set to work and will do what your medicine fails to do.

Psycotherapy is a valuable adjunct to other measures in every neurosis. Apply it without too much flourish or trumpets.

LITTLE SUMMARIES.

There are still women who imagine the doctor can give them something to put in their husbands' coffee to cure them of bad habits. They would be indignant if you mentioned anything like strychnine.

First Little Girl—"We have a new baby at our house and it just cries all the time."

Second Little Girl—"Why don't you make the doctor take it back?"

First Little Girl—"'Cause we can't; we've used it a week."

Woman is said to have greater curiosity than man, but it relates to little things and usually those near at hand. Man's curiosity is, in a way, greater, but with him it has reference to finding out the why and the wherefore of things. For instance, how many inventions have ever been produced by women?

We aim to make every page of SUMMARY practical and original and helpful to the every-day doctor. There may be expressed opinions occasionally that do not meet your approval; perhaps they do not meet with our own. But we desire at all times to give every side of a subject a respectful hearing.

Man Patient—"Will you marry me?"

Pretty Nurse—"Certainly."

Man Patient—"Then you love me?"

Pretty Nurse—"No, I do not. My promise is only a part of the treatment. I must keep my patients cheerful. I've just promised to run off with a man who is married and has a large family of children, and, besides, the man has lost both his legs."

The average income of physicians in the United States is somewhere around six or seven hundred dollars yearly. Still hundreds of young men are butting into the profession, thinking they are striking something easy. They are "easy" themselves.

Byron Robinson writes that in cases of reno-ureteral tuberculosis with perireno-ureteral abscess, lumbar incision (nephrotomy), and drainage frequently aids as a preparatory method

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THREE IMPORTANT TIME-SAVING URINARY TESTS.

By Henry R. Harrower, M. D.

Since the importance of the examination of the urine is becoming more and more appreciated, and as therapeutics depend, at least, to a considerable extent upon the laboratory report, anything which will help the busy doctor to ascertain definite facts regarding his patients and their condition will undoubtedly be welcome to the average general practitioner. Three simple little instruments are described in this paper, all of which are designed to supplant more cumbersome, while no less accurate methods, at the same time permitting the busy doctor to make careful, accurate tests *quickly,* the time element being the important point.

Of course microscopic and bacteriologic examinations can only be made by experienced laboratory men or by physicians versed in this branch of medicine; but there are certain important findings, having exceedingly valuable bearings upon treatment, that should be very much more frequently done by the rank and file of the profession.

The Indican Test.

The estimation of indican is of great importance in the discovery and treatment of intestinal auto-intoxication and the many ills resultant from it. It serves as a reliable index of the condition of the bowel, and should be carried out in the investigation of every case, no matter what may be the trouble. It will be surprising to note how many individuals calling for the treatment of certain skin, nervous or other special diseases are suffering from serious toxic conditions, and can only be successfully treated if this essential factor is taken into consideration. The test for indican has become the sign of the indication for which treatment is made.

The accurate estimation of indican in the urine is a very tedious and difficult procedure, and is, therefore, out of the question in the work of the general practitioner. In my practice I make use of a very simple instrument which permits of definite comparative tests. This consists of a glass tube, graduated as in the accompanying sketch, so that 5 Cc. each of urine and the reagent may be mixed with 2 Cc. of chloroform. The procedure is as follows: The tube is filled to the mark "C" with commercial chloroform, urine is then added to the mark "U" and Obermayer's reagent (a 2 *pro mille* solution of ferric chloride in concentrated HCl) to the mark "R." If Obermayer's reagent is not at hand use concentrated hydrochloric acid, and add five or ten drops of hydrogen peroxide. The tube is then closed with the thumb, vigorously shaken for a few seconds, and the chloroform allowed to settle. The blue color due to the indigo blue (from the oxidized indican present) may be judged as zero, trace, large trace, or much. It is admitted that this is a very simple procedure, but the use of the above tube materially assists in making more definite *comparative* tests.

The Urinary Acidity.

The estimation of the urinary acidity has been demonstrated by Dr. Eugene S. Talbot, of Chicago, and other prominent men to be a reliable guide in the successful treatment of acid auto-intoxication, not necessarily of intestinal origin. It has been proven that a high urinary acidity is inevitably accompanied by more or less

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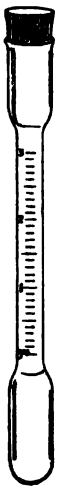
serious disturbances. In fact, it is entirely possible that this condition may be the precursor of many hitherto unexplainable functional and organic diseases which, when fully established, are of a most grave character. The treatment of these conditions is a matter of much importance, and in order to carry it out scientifically and definitely, frequent examinations of the acidity of twenty-four hour specimens of urine should always be made. In order to simplify the technic of this test I have designed an acidimeter which consists of a glass tube so graduated that 10 Cc. is the first measuring point. From this upward the tube is graduated in fifths of a degree to 100°, each degree representing the amount of decinormal sodium hydroxide solution required to exactly neutralize 100 Cc. of urine. The test is carried out as follows: Fill the tube with the specimen of urine until the lower edge of the meniscus is just on the 10 Cc. mark. Two drops of phenol-phthalein indicator solution are added, and then with an ordinary medicine dropper the decinormal sodium hydroxide solution is added. The tube is inverted after the addition of each few drops until the color of the fluid has just been changed from yellow to a light rose pink. The normal urinary acidity of a mixed twenty-four hour specimen should vary between thirty to forty degrees. With very concentrated urine in which the acidity is above 100°, the tube may be filled to the 5 Cc. mark and with water to the usual level, the resulting figures being, of course, doubled.

The Albumin Test.

It is scarcely necessary to emphasize the importance of ascertaining, not only whether albumin is present in the urine, but if so, of finding out the amount present and fluctuations from day to day. The importance of this test is obvious to all, but just how to make it easily and accurately is the problem. The Esbach method is inaccurate, and takes twenty-four hours. The Purdy method is by no means as accurate as it might be, and requires the use of a centrifuge, while the use of the albuminometer permits of an accurate test in less than two minutes.

The albuminometer consists of a glass tube similar to the accompanying illustration, and so arranged that the bulb at the lower end contains slightly less than 5 Cc. The 5 Cc. mark is accurately made on the narrow portion of the tube which, from this point, is graduated in tenths of a Cc. for 3 Cc. The end is made large to permit of easy filling. The tube is filled to the 5 Cc. mark with a solution containing phosphotungstic acid, 1.5 grams; concentrated hydrochloric acid, 5 Cc., and alcohol (95 per cent.) to make 100 Cc. (This reagent was described by Dr. E. H. Goodman and Suzanne Stern in the *Journal of the American Medical Association*, July 4, 1908. Having previously diluted the specimen of urine, the dilution is added drop by drop until a faint white cloud appears. The reaction is now complete, and the amount of diluted urine added is read off on the scale. This corresponds to the amount that contains one-tenth of a milligram of albumin, the amount in 100 Cc., or in a twenty-four hour specimen may be easily found. A table showing the calculations for one in two, one in five, one in ten, one in twenty, and one in fifty, has been made, which saves considerable calculation.



The advantages of these three tests may be summed up as follows: 1. The time required to perform the tests is reduced to a minimum. 2. They are at least as accurate as any other test, and possibly even more accurate. 3. The expense is less than that of the instruments previously required for the tests. 4. The tests are so simple that they can be carried out by almost any one with little or no trouble.

It is to be hoped that these instruments, the only claim for which is the simplicity and rapidity made possible by their use, will simplify the present laboratory facilities of the general practitioner, thus stimulating him to make much more frequent use of the urine examination, and thereby increasing his diagnostic capabilities and his professional success.

905 Chicago Savings Bank Building, Chicago, Ill.

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TRAUMATIC PERFORATIONS OF THE UTERUS INFLICTED FROM WITHING THE CAVITY OF THIS ORGAN.

By Aime Paul Heineck, M. D.,
Professor of Surgery, Reliance Medical College; Adjunct Professor of Surgery, University of Illinois; Surgeon to the Cook County Hospital.

[*Continued from page 41 April Summary.*]

Chief among the pathological states that predispose to the occurrence of perforating wounds of the uterus, are the following:—

a. The changes (hyperemia, softening, etc.) present in menstruating, in pregnant, in puerperal, and in post-abortum uteri. Perforation is favored by the peculiar state of the muscular tissue of the puerperal uterus. In curetting congested, softened uteri, such as are met after abortion and after childbirth, no attempt should be made to elicit the uterine "dry" (le cri uterin); that is, the peculiar creaking noise due to the forcible scraping of the uterine wall by the curette. In these cases, owing to the softness and friability of the uterine wall, this sound is not obtainable.

Perusal of the reported cases of this article discloses that 14 puerperal uteri were perforated, 7 deaths resulting; that either in the attempts at abortion, or in efforts to overcome some of the accidents following on an abortion, 65 uteri were perforated, 25 deaths resulting. After delivery at term the thickness of the muscular wall, according to Tarnier, is from 2 to 5 millimeters.

b. *Atrophy of the Uterus.*—All the different forms of uterine atrophy, of themselves, cause a weakening of the uterine wall, and therefore can be looked upon as conditions predisposing to uterine perforation. Atrophy of the uterus has been observed in some chronic diseases, as in pulmonary tuberculosis, occasionally in diabetes, in leukemia, in chlorosis, in pernicious anemia, in Addison's disease, in Basedow's disease, etc. It is stated that also in certain acute infectious diseases, such as typhoid fever, a marked atrophy of the muscular tissues is noted.

We will enumerate the main histro-anatomical changes that have been noticed in senile atrophy of the uterus, and those found by Emil Ries (Chicago) in some cases of marked atrophy following puerperal infection.

The changes found in senile uteri are:—

a. Atrophy of the mucosa and of the muscle fibers.

b. The relation, in amount, normally existing between the connective tissue and the muscular tissue, is altered considerably at the expense of the latter.

c. Vessels are sclerosed.

Emil Ries (Chicago), in some cases of extensive atrophy of the uterus, following puerperal infections, found:—

a. Absence of mucosa.

b. Hyaline degeneration and thrombosis of the vessels.

c. Degeneration and necrosis of the muscularis.

Malignant neoplastic diseases of the uterus are numerous. The cases of a carcinoma or a sarcoma of the uterus, in which perforation of the uterus has resulted from slight mechanical stress, are numerous. Efforts in the presence of malignant disease of the uterus to obtain material for microscopic examinations, if brutal, may prove disastrous. Malignant disease of the uterus may give rise to spontaneous perforations.

d. Inflammatory processes of the uterine tissues may be localized—may be diffuse. Like inflammatory processes elsewhere, they are destructive in nature. Whatever be the nature of the inflammation, acute or chronic, or the site, be it located in the mucosa, in the muscularis, or in the connective tissues, it invariably weakens the resistance of the uterine wall.

Prolonged septic processes predispose to uterine perforation. Tubercular uterine inflammation by leading to abscess, to cavity formation, can, of itself, cause uterine perforation.

Inflammation of the uterus may terminate in resolution, in ulceration, in suppuration, or in gangrene. We will briefly consider abscess of the uterus and also gangrene of this organ, as several instances will be found in our tables where these conditions, either together or separately,

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were present. The occurrence of abscess of the uterus is no longer contested, as many of the cases reported have been amply verified. Uterine abscesses may be acute, subacute, or chronic; may be primary or secondary. In the primary form the pus collection has its starting point as such in the uterine tissues; in the secondary form the suppurative process starts in neighboring tissues, and invades the uterus by extension through continuity of tissues In the first form, at the beginning, if not throughout its entire course, the pus collection is entirely circumscribed by uterine tissue; in the secondary form it is partly surrounded by the uterine tissue, partly by other tissue.

In number these abscesses may be single, may be multiple. In location they are either submucous, intra-muscular or interstitial, or sub-peritoneal. Their site may be in the anterior wall; may be in the posterior wall. Uterine abscesses are always due to infection; a pathological, surgical, or traumatic solution of surface continuity of the uterine mucosa, serving most frequently as the portal of infection. Any pyogenic organism, facultatively or habitually so, can be the causative germ. Tubercular abscesses have been reported. In Menge's case gonococci were detected in the pus. Nevertheless the ordinary pyogenic cocci are the most frequent offenders. The germs are either implanted in the uterine tissues by a vulnerating instrument, or may be conveyed to the site of the abscess development by the lymphatic vessels. Rarely the abscess is embolic. The abscess may be secondary by contiguity of tissues to an infective uterine thrombo-phlebitis (infective thrombo-phlebitis, suppurative peri-thrombo-phlebitis, abscess). The liability to the latter (septic thrombo-phlebitis) occurrence during the post-abortum period, is well known.

All uterine abscesses impair the solidity of the uterine wall. They predispose to traumatic perforations, as the abscess-site forms a circumscribed area of lessened resistance. They may rupture spontaneously into the rectum (Bird's case, Schroeder's case), into the bladder (Berrut's), into the uterine cavity, into the peritoneal cavity, etc. They may give rise to spontaneous perforations. as when the abscess ruptures both into the uterine cavity and into an adjacent cavity or space. We have, in the case reported by Porak, an instance of spontaneous uterine perforation due to an abscess. This was a case of puerperal sepsis. The uterus contained several abscesses, one of which ruptured both into the uterine and into the peritoneal cavities. In one of Mauclaire's cases at the seat of perforation, there was an abscess which extended nearly to the peritoneal coat.

Another possible termination of uterine inflammation, which predisposes to perforation, is gangrene. Uterine gangrene may be circumscribed, may be general, may involve the entire thickness of the uterine wall, may only involve a part of its thickness; may be due to traumatic, inflammatory, neoplastic, or to chemical causes; it may be secondary to criminal or other intra-uterine maneuvers; it may be spontaneous. Gottschalk reports a case of gangrene of the uterus (puerperal sepsis) in which the necrotic tissue represented the whole uterine mucous membrane and a portion of the muscular walls. He thinks that in this case the gangrene was due to intra-uterine injections of 60 per cent. alcohol. Cases of gangrene, due to contact of caustics with the uterine wall, are reported.

Gangrenous metritis is a condition which predisposes to traumatic uterine perforation, which may result in spontaneous perforation (Beckman, St. Petersburg, noted this grave complication six times in 40 cases of metritis desiccans). Metritis desiccans is the condition which we now designate as gangrenous uteri puerperalis. It may be partial; it may be total; it may be perforating.

On examining the organ it is at times difficult to determine if the perforation is secondary to the gangrene, or if the gangrene is secondary to an inflammation, started by an instrument which has penetrated the uterine wall. In Winter's case the gangrene was secondary to a perforation. It was located on the posterior wall; there was a marked predominance of saprophytic germs. The inflammatory gangrene enlarges the traumatic lesion and may lead one to think, that the perforation is spontaneous in origin. Maygrier reports two cases of post-abortum gangrene. Each

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had led to a uterine perforation. Trauma, as a factor, was absent in both. K. Schmidlechner reports a case of gangrene uteri puerperalis, involving the entire cervical wall and the lower half of the muscular wall of the body of the uterus.

CONCLUSIONS.

1. Pseudo-perforation of the uterus, though of exceptional occurrence, is a condition that occasionally confronts the surgeon.

2. Spontaneous perforations of the uterus, due to pre-existing pathological conditions of this organ, can and do occur.

3. Perforating wounds of the uterus, be toneal, have a morbidity; have a mortality. This morbidity, this mortality, increases in they intra-peritoneal, be they extra-peri- direct ratio with the inexperience, the carelessness, the surgical uncleanliness of the operator. The expert recognizes at once the making of a false passage and institutes proper treatment. High surgical skill may convert (as a consultation of the articles enumerated at the close of this article amply demonstrates) an apparently hopeless case into a recovery. In the 154 reported cases, there were 42 deaths, 108 recoveries. The result is not stated in 4 cases. Expectant treatment was pursued in 66 cases. There were 21 deaths in this series. Laparotomy, including what intra-abdominal repair work appeared necessary to the operator, was performed 72 times. There were 52 recoveries, 17 deaths, and 3 unstated results in this series. Vaginal hysterectomy was done 15 times. There resulted 10 recoveries, 4 deaths, and one result not stated.

4. Dilatation of the cervical canal and instrumental curettage of the uterine cavity are, owing to their associated dangers, not office operations. During the performance of either of these two apparently danger-free operations, the operator may be confronted by accidents, the meeting of which requires the highest surgical skill. In their performance, if an anesthetic be available, the employment of general anesthesia (in the absence of contra-indications) is highly desirable; in fact, the rule should be:—

a. No uterine curettage without general surgical anesthesia. It is easy to conceive how an unanesthetized patient can, by injudicious jerks or movements, perforate her own uterus by impaling it, by spiking it upon the intra-uterine instrument. Anesthesia permits the operator to depress the abdominal wall, to locate; to fix, if necessary, the fundus uteri

b. No curettage without ample cervical dilatation. A non-dilated cervical canal interferes with the tactile sense, and thereby with the proper maneuvering of intra-uterine instruments. Steady the cervix before beginning the dilatation of the canal.

6. Intra-uterine instrumental maneuvers should only be attempted by those:—

a. Who are thoroughly conversant with modern surgical asepsis and antisepsis. The absence of bacteria on the perforating instrument minimizes very much the dangers of perforation. Infection has immediate—has late dangers. In an uncomplicated perforating wound of the uterus, the traumatism of the uterus plays but a secondary role; the pre-existence or the implantation, at the time of perforation or subsequently, of infection, commands the situation.

b. Who are capable of recognizing malpositions of the uterus as well as pathological conditions of that and of neighboring organs. Even the bringing of the cervix to the vulva and outlet may disturb peritoneal adhesions, may rupture pus pockets.

c. Who are acquainted with the dangers incidents to the successive steps of the intra-uterine operation which they are performing? The steel dilator is an instrument of too much power, and the curette is too dangerous a weapon to be used by the novice, by the inexperienced.

7. Once the uterus is perforated, all further instrumentation must be suspended. If it be imperative that the contents of the uterine cavity be removed, this must be done by digital curettage, or it may be done with a curette, while the uterus is being watched from above through a laparotomy incision.

8. A perforated uterus should never be mopped or swabbed with caustics or irritating antiseptics. It is needless; it is dangerous. In two cases it is distinctly

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stated that the uterine cavity was swabbed. Both cases died. In each carbolic acid was the agent used.

9. A perforated uterus should never be irrigated. In 17 cases in which it is stated that the uterus was irrigated during the course of perforation or afterward, there were six recoveries and eleven deaths. In two of the recoveries convalescence was delayed by mercurial poisoning, due to the sublimate solution that had been used for uterine irrigation. In one case an ounce of a 1 per cent. aqueous solution of creolin entered the peritoneal cavity. Brothers, in his report on the case, in which the perforated uterus was irrigated, states: "I have never seen a case of greater physical suffering in my life." The great danger attending intra-uterine irrigation in these cases is the conveyance, the diffusion by the irrigating fluid of septic material from the uterine into the peritoneal cavity or other space. Owing to the great absorptive power of the peritoneum, the danger of chemical intoxication is also present. Every case in which it is definitely stated that the perforated uterus was not irrigated, recovered.

10. Vaginal hysterectomy is an operation not to be performed in the treatment of perforating wounds of the uterus. It calls:—

1. For the sacrifice of an organ which may not be perforated.

2. For the sacrifice of an organ which, though perforated, most always can, with little difficulty to the operator and with much advantage to the patient, be saved.

3. It does not enable the operator to either exactly determine the presence or absence of other co-existing intra-abdominal vascular, visceral, or other lesions; nor does it enable him to repair them.

11. If the perforated wound has been inflicted upon a non-septic uterus during the course of an aseptic intra-uterine maneuver in the absence of complicating abdominal lesions, recovery is the rule.

12. The treatment of perforating wounds of the uterus is determined largely by the following conditions:—

1. The septicity or asepticity of the uterus and its contents.

2. The septicity or asepticity of the perforating instrument.

3. The presence or absence of co-existing vascular, omental, or intestinal lesions.

4. The size and the number of the perforations. A piece of omentum may prolapse through a large rent. A coil of gut may become incarcerated or strangulated in a large perforation.

13. Treatment:—

a. If the uterus is non-septic, if the perforating instrument be aseptic, and if it can also be reasonably assumed that there is an absence of omental or intestinal or important vascular lesions, the treatment to be followed is one of "armed expectancy." The patient must be confined to bed and immobilization enjoined for at least three days. The patient's pulse, temperature, facies, and abdomen must be carefully watched. A suppurative cellulitis, signs of internal hemorrhage, etc., call for intervention. A wick of gauze may be inserted into the uterus, but it should not be introduced much beyond the internal os.

b. In all cases in which there has been a prolapse of the omentum or of intestines into the uterine cavity, in all cases in which associated injuries to the intestines or omentum co-exist, or in which there are reasons to fear a significant internal hemorrhage, laparotomy is urgent.

c. Once the abdominal wall has been opened, the visceral lesion must be repaired. The uterine puncture, if small, need not be sutured. If large (when the perforation is large you cannot depend upon the contractibility of the uterine muscle to entirely occlude it), if of the nature of a tear, of a laceration, it is better that it be sutured. One or two layers of sutures may be used. Whether small or large, if the perforation be the seat of hemorrhage, suturing is indicated.

Some operators, as Jarman, made use of both superficial and deep sutures. Some clinicians teach that every perforating wound of the uterus calls for a laparotomy. They base their teaching upon the following considerations:—

a. That the exact size of the perforation is not known.

b. That hemorrhage may be taking place

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from the peritoneal surface of the wound.

c. That in the absence of a laparotomy one can never tell with certainty whether any intra-abdominal organ is injured.

14. A healed perforation of the uterus apparently does not interfere with the normal development and the normal termination of a subsequent pregnancy.

100 State St., Chicago, Ill.

GUNSHOT WOUNDS OF THE CHEST —TWO CASES—BOTH RECOVERED.

By L. S. Kilmer, M. D.

The two following cases demonstrate the justice of conservatism in the practice of surgery as it applies to shot wounds of the chest in which the indications for interference are not particularly marked, and show that recovery is not always impossible even when the location and character of the wound makes the outcome extremely doubtful in appearance.

Case I.—On the 27th of March, 1908, an Italian was assaulted and shot, a 44-caliber bullet from a revolver, held close to his body, entering his chest one inch to the left of the sternum, in the fifth intercostal space, passing directly backward and lodging beneath the skin about two inches to the left of the spinal column on a level with the eighth intercostal space, whence it was removed soon after my arrival, which was about an hour after the injury had been received. The course evidently taken by the bullet in its course indicated the probability that serious consequences might well be anticipated, and as there was considerable shock and much complaint by the patient of pain, it was deemed best to wait and watch to see whether interference with nature's processes would become necessary or even justifiable. No probing was done to find just the exact course the ball had taken or to ascertain whether there had been any fragments of clothing or anything else carried into the wound, as it was believed that any such efforts would add to the gravity of the case rather than assist in its amelioration. The next morning, ten hours after the injury had been received, the patient's condition was alarming, as he complained of much pain and difficulty of breathing, and had an anxious facial expression; but as there were no indications of serious hemorrhage the waiting plan was continued. On the 29th his temperature was 103.8 F., pulse 124, respiration 22, and the patient presented a decidedly haggard appearance. He was given morphine hypodermatically, sufficient in quantity to control the pain to some extent, strychnine nitrate, also hypodermatically, as a tonic and strengthener; light diet, and we continued to wait. By the fifth day his temperature began to subside, and while he was a very peevish man and hard to control, he was encouraged to keep as quiet as possible, while he continually asserted that he would die, and in fact it looked as though his predictions were quite likely to be verified. From this time, however, he gradually improved, his fever left him, his tongue cleared, his appetite returned, and the progress thereafter was uneventful, and he made a complete recovery and left the hospital in three weeks from the date of the injury, entirely well.

Case II.—On the 18th of November, 1908, D. L. D., aged 35, medium build, a brakeman on the Lake Shore R. R., while in the act of throwing a switch, was shot by one of a gang of toughs whom an officer of the road was endeavoring to place under arrest at a distance from him of about forty feet, the bullet, a 38-caliber, striking him as nearly in the same anatomical location as in the previous case as it was possible to place it, and also passed clear through the body and lodged under the skin midway between the point of the left shoulder blade and the spine, from whence it was extracted a week after the injury was received. His exact position, or the position of his body at the time of receiving the wound, could not be determined, as he did not immediately recognize that he had been shot; but the impact of the bullet against the skin of his back gave him the sensation of being struck, so that he thought that some one had hit him on the back with a stone or club, the force of the ball striking against the skin on his back being the only effect of the bullet that he felt. He thinks he fell to his knees, but that he immediately rose, and by that time he heard a fusillade of shots "as though some one was firing off a lot of fire-

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crackers," as he expressed it, and fearing danger he started to run; and after running several rods he felt that there was a moisture on the front of his chest, and then he became conscious of the fact that he had been shot and that it was his blood that he felt running over him. Upon making known his condition he was at once taken to Epworth Hospital, and I was summoned to attend him. His condition was very bad on my arrival. There was extreme shock and weakness, his pulse small and fluttering; his condition so serious that it was decided that he had all he could endure without adding anything to the serious character of the case by probing or any other meddling.

The next day he vomited considerable blood, showing that the osophagus had been pierced, and passed large quantities of blood, with the urine showing that the left kidney had also been perforated. The shock being so severe it was evident that the interests of the patient were best served by keeping him absolutely quiet, and this accounts for the fact that the bullet, which could be plainly felt beneath the skin, was not at once removed. It was doing no harm where it was, and the act of turning him over to reach it might have been attended by serious consequences.

For the next three days his temperature ranged from 99 to 100.8 degrees F., pulse from 88 to 106, respiration from 20 to 28.

There was considerable abdominal distention with well marked peritonitis, and a dullness which appeared to indicate that there was some hemorrhage that would necessitate surgical intervention. He was given to understand that the result depended largely upon himself, and that the more quiet he kept the better were his chances for recovery. Being a very reasonable and tractable individual he carefully followed instructions on this and every point. Although he suffered the intense thirst usual in such cases, he was given absolutely nothing by mouth for three days, but was given as liberally as deemed advisable water per rectum, and milk and beef tea as well. After the third day he was permitted to swallow a few drops of water as a test, and this was gradually increased as it was observed there was no harm from it, and on the sixth day he was permitted to swallow small quantities of milk, gradually feeling our way to ascertain whether there was any danger. He had been given morphine hypodermatically as required for pain, and one-thirtieth grain of nitrate of strychnine, also hypodermatically, was given every three hours for the first three days, and every six hours for some days after that.

The hemorrhage from the stomach did not continue over thirty hours, and from the kidney not beyond seventy-two hours. His condition steadily improved, so he left the hospital on the 29th, eleven days after the injury was received, and returned to his home in Chicago. He called on me a few weeks later for the bullet which he wished as a memento, a charm on his watch chain or a set in his ring, and said he had absolutely no trouble from the wound after he had left the hospital, and that he was as well as ever. There was no suppuration at any time. This would indicate that there was no foreign matter carried into the wound, or if there was that nature had a very good way of disinfecting it or in some way preventing any harm from it.

The principal points of interest in these cases are:—

First, the similarity of the wounds.

Second, that with the apparent similarity in location and character one should have suffered from perforation of the gullet and kidney while the other escaped these particulars. This is perhaps explainable by the position of the body in the second case.

Third, that two cases, in both of which the wall of the right side of the heart must have been perforated, both should make such prompt and satisfactory recoveries.

Fourth, that in each case the bullet went entirely through the body, only to be stopped by the elasticity of the skin on the opposite side.

The third, the speedy and complete recovery of both cases, is, of course, the most interesting of all, and it was under what may justly be called the expectant treatment. That is to say, by meeting difficulties as they rose rather than go hunting for them. The results certainly justified the course pursued in each case.

The early and alarming condition in each case was doubtless due primarily and principally to the injury of the heart. Evidently in each case there was little room

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between the severe injury received, and almost instant death, as one-half inch difference in the course of the bullet in either case would doubtless have caused penetration of the cavity of the right heart and death would have been pretty sure to follow speedily.

It should always be borne in mind that bullets do not make clean cut incised wounds, but wounds that are ragged in their character, and that the fragments of tissue left in the trail of the ball have a tendency to drop into apposition with one another, closing the track of the wound partially or more or less completely, and in a comparatively short time, if not interfered with by meddlesome surgery, have agglutinated them and in addition have thrown out reparative material to replace the destroyed tissue, and this is doubtless what occurred in these cases.

It sometimes requires more firmness to refrain from interfering in such cases than it does to attempt to relieve by surgical intervention. This may be due to the fear of criticism for negligence in case of an unfortunate outcome, rather more than the loss of an opportunity for a brilliant exploit of ability and surgical "nerve."

However, as the surgeon's first duty is to consider the welfare of his patient, a little reflection will frequently convince him that when the condition is grave, in any case except where it is evident that there is hemorrhage which, if not stopped promptly will speedily cause death, or positive evidence of fatal leakage from wounded organs, other than hemorrhage, the patient's chances for recovery are better if there is not added to the severity of the injury the additional severity of an operation with its attendant shock and additional lesions.

South Bend, Ind.

SUPPURATIVE OTITIS MEDIA.

By Donald Atkinson, M. D.

In briefly considering the subject of middle-ear suppuration, it would be manifestly impracticable to enter into a general discussion of all the various phases of the condition. A paper of this scope will not permit of more than an outline of the predisposing conditions with a few suggestions in reference to the treatment of this neglected class of cases. The largest percentage of acute cases are seen first by the general practitioner, and it is of personal importance to him that he adopt a course of treatment that will reflect credit upon himself and produce the best results for his patient. The acute cases occur very frequently as a complication of the eruptive fevers la grippe or diphtheria, and in such cases the physician must act promptly and effectively if the integrity of the ear is to be preserved. It is unfortunate that all these cases do not receive the attention that they deserve. In many instances they are left entirely in the hands of nature, the result of this conservatism often being a chronic suppuration which might have been prevented by appropriate treatment early applied.

In nearly every instance the cause of acute suppuration of the middle ear is some pathologic condition of the nose or throat. In the eruptive fevers of diphtheria the pyogenic organisms causing them gain excess to the middle ear by way of the Eustachian tube, and when suppuration commences their presence in the discharge can be demonstrated by the microscope. Adenodis of the pharynx predisposes to suppuration by obstructing the tube and bathing its orifice with secretions, which are often carried up the tube by the efforts of the patient in blowing the nose. The patient is usually prompted to do this persistently and vigorously, thereby constantly menacing the integrity of his ears.

Foreign bodies in the nose, if not removed promptly, predispose to aural suppuration. Some time ago I saw a case of this kind in a child, three years old, caused by a suppurative condition of the nose, produced by a button which had been crowded between his middle and inferior turbinals three weeks before.

Another frequent cause of middle-ear suppuration may be found in nasal obstructions from pressure of spurs or septal deflections upon turbinals. This will sometimes bring about erosions and ulcerations from pressure at the points of contact. The opposing surfaces are often bathed with pus, the presence of which is a constant source of danger to the ears. When

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one nostril is occluded to such an extent that breathing ceases through that side altogether, the normal mucus, not being evaporated, falls to the floors of the meatuses, becoming decomposed and infected. This infected catarrhal process frequently follows up the tube and invades the tympanum, setting up a suppuration.

A patient with acute suppuration of the middle ear presents a dejected and pitiable appearance. The pain is a marked and early symptom, is of a severe and lancinating character, and is often described by the patient as being unbearable. It is due, to a great extent, to the presence of pent-up pus upon the inflamed and bulging drum membrane. Inflating the ear by the act of blowing the nose increases the tension and intensifies the pain. There is apt to be mastoid tenderness. The patient has a temperature ranging from 100 to 104. As the disease advances prostration often becomes marked.

In the early stage the drum membrane, seen on examination, presents a discoloration ranging all the way from an intense blush to a grayish purple. It is rounded or bulged out. The handle of the malleus is no longer to be seen. Later, if the drum membrane is not incised, spontaneous rupture with liberation of pus occurs, except in rare cases where resolution is said to take place. Occasionally the case goes on to a mastoid suppuration, the drum membrane remaining intact.

The results of treatment are usually satisfactory. If these cases are allowed to run nature's course the suppuration usually becomes chronic or the condition may become complicated by a necrosis of the mastoid. The first indication in these cases is an incision through the bulging drum membrane in the posterior quadrant. It should be carried high up into Sharpnell's membrane. This character of an incision gives the best drainage to the tympanum and attic. The ear should be irrigated hourly when possible with a hot one to one-thousand solution of bichloride of mercury. Ice may be applied to the mastoid. In some cases, at least, it seems to do good. Later the dry treatment may be instituted. This consists of repeated cleansing with small pledgets of cotton and lightly dusting with some of the antiseptic powders. Of these boric acid seems to give the best results. In nearly all cases, if this line of treatment is persisted in, the condition subsides in a few days.

The chronic form of middle-ear suppuration is one of the most obstinate conditions. The difficulty of obtaining good results is often increased by the disregard which the patient has for his own condition. Many of the laity believe that the discharge is salutary rather than harmful. I have had persons with chronic suppuration of the ears consult me in reference to their hearing, who positively refused to have the suppuration stopped. The conditions, which are, in these cases presented, under examinations are varied. The discharge may be profuse, thin or creamy, odorless or foul. It may be free enough to keep up a macerated condition of the canal, or may be so scant that it dries as rapidly as it forms, the patient not being aware that he has a continuous suppuration. The drumhead may be entirely destroyed or have one or numerous openings in it. The ossicles may be intact or be almost entirely destroyed by necrosis. Polypi and granulations may be absent or the whole tympanic cavity may be blocked by them.

Some apologists claim that where polypi and granulations exist in the tympanic cavity, nothing short of a radical mastoid operation will benefit the patient. This, no doubt, is the ideal treatment when it can be carried out; but we are often confronted with patients who refuse to submit to an operation of this nature. In such cases we are justified in treating the patient along more conservative lines. I have treated a number of persons with suppurative otitis media, when polypi and granulations were present, that were apparently cured. The polypi were cut off with a snare, the wire used being the circular wrappings of a violin G string. I have never been able to find a wire in the instrument houses that was not too stiff and unwieldly for this purpose. The granulations were destroyed with chromic acid fused on the end of a probe. The opening in the drum membrane is usually so large that a great deal of the tympanic cavity is accessible, thereby making the destruction of granulations easy.

In these cases the principles of absolute

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cleanliness must be carried out. The ear should be syringed twice daily with a warm one to five thousand bichloride solution, using at least a quart of the solution at each syringing. At least once a week a Politzer's curved cannula should be inserted carefully into the attic by the physician. To this is attached a tube, eighteen inches long, at the distal end of which is a Politzer's bag filled with a warm sterile solution. While the cannula is held in place by the operation the assistant makes forcible compression of the bag which sends a fine stream of solution violently into the attic. The large amount of inspissated secretion that can usually be brought out of the attic by this method is surprising. I have in this way freed the attic of large amounts of *debris* after the ear has been systematically syringed for weeks. The one objection to this method is the possibility of carrying infection into the antrum or further into the mastoid. I have used this method in several cases and have seen it practiced in Politzer's Vienna clinic in hundreds of others, and have never seen but the best results from its use. After the ear is syringed it should be inflated so as to free the tube of secretions. It should then be carefully dried with pledgets of sterile cotton and lightly dusted with iodoform, aristol or boric acid. A small strip of gauze should be kept in the auditory canal between treatments to prevent possible infection from without.

In many instances these cases seem to do well under a simple daily cleansing of the ear with sterile pledgets of cotton, after which a preparation containing boric acid, ten grains; formalin, three grains, and alcohol one ounce is instilled. Of course in this, as in other diseased conditions, no treatment can be formulated that will meet the indications in every case. In the majority of cases, however, I believe that this line of treatment will give better results than any other if properly and persistently applied.

Linz Building, Dallas, Texas.

ACCIDENT OR VENGEANCE?

By Robert Gray, M. D.

Startling news of sheer accident or appalling tidings of remorseless vengeance from the sunny shore of Sicily paralyze one in lone and silent awe. The bare item that two thousand surgeons on the ground are inadequate, one million operations being requisite, demonstrates a catastrophe never before approximated, whether in ancient or modern time. All words are idle—the paucity of language recoils aghast in the presence of such stupendous horrors equivalent to those of the archangel's trumpet call of doom in that dread moment of colossal death and untold despair where demons reveled over the depopulating scenes.

Who has the heart to attribute such mournful tragedies to omnipotent vengeance? Those doomed Sicilian cities were not the Sodoms and Gomarrahs of earth, nor equally steeped in inequity as are several populous centers in the United States. Then why and wherefore should they have been chosen as special victims of Divine wrath? Why the bare possibility passes all latitude of rational credence.

Is the annual destruction of life and property, caused by high water, in such vast regions of the United States and other nations vengeful decrees of Almighty God? Such is due to the exuberance of nature, in the known or probable paths of which man recklessly exposes his belongings and life without providing adequate protection against the perilous contingency. Guanajuato, a city of this Republic, was recently destroyed by a cloudburst, many people being lost, a freak or accident of nature against which no protection is practical.

I passed six consecutive years on the Pacific Coast of the Mexican State of Guerrero, where earthquake shocks are daily experiences for long periods, sometimes, absolute exemption rarely passing more than short intervals; where the capitol of the State and other cities have been twice destroyed in the past ten years, while here the sensation of earthquake is so rare and slight as to be practically unknown.

Nature is responsible for earthquakes and their disastrous consequences. God does not order them for specific punishment of their hapless victims.

The world is a stupendous mechanism, working on time without rest or special repair, with an exacting violence of speed that staggers one to contemplate.

The steam boiler is wisely provided with

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a safety valve that permits the escape of excessive pressure that would otherwise result in ruinous explosion.

The earth has internal heat, passing the limit of rational imagination, and concentrated gases of potency sufficient to rend the world in atoms of destruction, were there no adequate vents to neutralize such otherwise perilous force.

What we recognize as earthquakes may be consistently regarded as convulsions of the world caused by indispensable violent relief of super-internal pressure.

The peculiar enigma obtains in the often repeated disturbances recurring in the same track of destruction, seeming thus to admonish mankind to build habitations proof against such dangers or to abandon those localities most frequently exposed to such fearful visitations.

Such are legitimate scientific problems science will solve in due course of time with the infallible accuracy that eclipses are now indicated.

Near where I passed some years in the State of Guerrero there were boiling sulphur springs, never affected by annual droughts when all other springs were dry, impregnated with sulphur in a high degree and of a temperature no fire heat could exceed. I am unable to explain the phenomena, not then remotely dreaming of ever writing on the subject; but I often heard natives talking in a manner that pretended that the action of the springs clearly indicated in advance that an earthquake was pending.

I was there in a terrible visitation. The bishop was there celebrating mass or baptizing in the church. The town was packed with visitors. I was compounding medicine for one of them, who had his bottle and five dollars on the counter. There were some forty persons in my place. On a shelf, directly behind me, there were a number of large acid containers full. The very inception of the shock indicated that they would be precipitated to the floor and broken with dire results. I almost mechanically placed myself with extended arms in front of them, and thus held them in place. The crisis quickly passed, and I turned to the counter. The house was vacated of visitors. The people were on their knees in the street with the bishop. The contrast between their action and mine was ridiculous. I feared the acid. I had no time to escape more than the earthquake. The man never came for his medicine nor money. I do not know if he was among the dead, as he was a stranger too casually noted to have been recognized.

The memory of such, though comparatively insignificant scenes, requires little stretch of imagination to realize the Sicilian horrors.

But we are in a propitious age of progressive enlightenment, seeking effect and finding it back at its primitive cause, not only in the heavens above and the earth beneath, but, superlatively important to us of the profession, in the medical realm.

Medical science is advancing with such rapid strides that I fear to hint the nature of some surprises that may be anticipated in the near future, lest the fraternity order a commission in lunacy to decide if public safety can permit such dubious aberration of mental faculties at large.

Pichucalco, Chiapas, Mexico.

MORPHINISM.

Besides ruining the digestion and producing constipation, the use of morphine undermines the moral character. Morphine eaters are liars and very deceitful, and will obtain the drug by writing or copying the prescription of the doctor, who is often compelled to give it to relieve the thirst or appetite of the fiend. Many women will sell their body and soul for the drug; many others will steal in order to get it. We should pity the poor creatures, and not condemn them. It is almost death to break the habit. It is worse than the liquor hunger. For a graphical account of the habit, DeQuincy gives in his book "The Confession of an Opium Eater." In breaking himself of the habit, he nearly lost his life. An opium eater is not as bad as a morphine fiend. The cigarette fiend sometimes acquires the taste for morphine from cigarettes containing opium. Tobacco heart and nervous prostration are some of the results of the opium habit.

Study individuality and idiosyncrasy. It pays. Diseases have individuality depending upon the persons they use for their tenement.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

MEDICINES AND THOSE IN AUTHORITY.

Prof. John Uri Lloyd rides a tilt at the "authorities" in the December number of the *Eclectic Medical Journal*. His contention is that all discoveries concerning the virtues of valuable drugs come from physicians who are not ranked as authorities, or from men outside the medical profession. For instance, all the authorities fulminated against "Jesuit's bark"—cinchona, quinine—when it was introduced and continued to do so for years. Gelsemium received the cold shoulder, and hamamelis is still an outcast. Hydrastis was another. To these we may add that prince of natural antiseptics and healers of hurt flesh, calendula. A recent surgeon pooh-pooh's it from good company. Judging from the past this fact is evidence of its exceptional value. Perhaps in time authorities may learn that the clinical experience of intelligent men is a better criterion for judging drugs and their uses and also diseases than are laboratory methods and the microscope. What a different world the world would be if all its authorities were men who know.—*Ex.*

MALIGNANT DISEASE IN FUNDUS OF THE UTERUS.

Dr. R. B. Hall, in *Lancet-Clinic*, says: "The writer on several occasions has been able, by the aid of the curette, to detect malignant disease in the fundus of the uterus when but a small area was involved. All these patients with a history suggesting malignant disease in the fundus should be carefully curetted and microscopical examinations made of the curettings to aid in the diagnosis. It is in this class of cases that the microscope is of inestimable value as an aid to diagnosis. In fact, a correct and positive diagnosis could not be established at this early stage without the use of this valuable instrument."

The curette has gone out of fashion, owing to the severe hemorrhages caused by its use. It is a useful instrument when *sharp* and *clean*, in skillful hands, and with judicious use may aid in curing malignant diseases. It is well to try local applications of caustics, and when they fail to use it. Chromic acid, locally, on cotton or with small brush, will help many patients if followed by cleansing injections of carbolic acid or potassium permanganate.

DIPHTHERIA.

Passing over the etiology, pathology, symptomatology, diagnosis and prognosis of this dreaded disease, I wish to briefly discuss the treatment as gleaned from an experience with several cases during a recent epidemic in a city in which I was then practicing.

Diphtheria having been diagnosed, a rigid quarantine was ordered and maintained with as complete isolation of patient and nurse from the rest of the family as possible.

Medical treatment consisted of the early administration of antitoxin. As a sedative to control fever either aconite or gelsemium as indicated was used. If patient was very nervous a sedative was added to the above. As a rule the fever was of little moment.

For the glandular involvement direct medication was required.

For the septic condition echinacea, locally and per orem, was the sheet anchor. To stimulate the heart cactus was administered.

In every case the nurse was cautioned to keep constant watch of the heart, and if it became slightly irregular or weak it was supported with one or two doses of nitrate of strychnine.

I might add that every case recovered, and in no case did another occur in the same family.—Dr. Earl E. Boyd, of Central City, Neb., in the *Medical Brief*.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

AN ATTEMPT.

Editor Medical Summary:

Dr. Burnett, of Little Rock, Arkansas, asks twelve questions he presents in the February number of the SUMMARY, and it is with much trepidation and misgivings that I attempt the task to answer some of them. With the highest respect for Dr. B., I would remind him that even inquisitive children can ask questions that a Solomon could not answer, and I am no Solomon. Still, his questions are proper and reasonable, and deserve our best efforts to satisfactorily reply to them.

Many years ago, in our town, there was an eccentric and bibulous Irishman who organized a quiz class among the grocery loafers. They formed a circle, and some propounded a question as abstruse and inexplicable as he could conceive, and it passed from one to another, each one racking his ingenuity and wisdom to make the most satisfactory answer. If all in the circle failed to make good, the subject was dismissed, with every one rising to his feet and hallooing, *Whack!*

Now, to Dr. B. If any one has the lungs and the eyes he may survive the fumes of sulphurous acid, as Potter recommends for rheumatism. I want to suggest to Dr. B. right here, although it is hardly relevant, that for pulmonary complaints with cough and feverishness, if he will take a half saucer with sulphuric acid, and another half saucer with spts. ammonia, place them on a table or stand, in close juxtaposition, he will find fumes emitted in the room that will improve respiration and relieve cough. If too much smoke is thrown off just separate the saucers. (This is extra.)

Bartholow says: "Sulphurous acid is a disinfectant and deodorizer. It attacks organic matter with energy by virtue of its affinity for oxygen. It is very destructive to the lower forms of life: bacteria, fungi, etc.

Sulphurous acid gas *inspired,* produces great irritation of the glottis, and an intensely suffocative feeling. In sufficient quantity it produces violent inflammation of the air passages. As by *combination with oxygen,* sulphuric acid is formed, the *destructive* effect ascribed to sulphurous acid is, in reality, chiefly due to sulphuric.

Sulphurous acid is the product of the combustion of sulphur in the open air. Sulphurous acid was utilized in the treatment of phthisis by rectal injection, and by *inhalation.* Sulphurous acid spray is a good local application in tuberculous laryngitis. "I tried it once for such a case, but will not use it again." Cases of chronic bronchitis, with profuse expectoration of a fetid character, are sometimes improved by inhalations of sulphurous acid gas, or of the acid in form of a spray. In all my investigations of sulphurous acid, of its modus operandi and modus tredendi I find nowhere any claim that it is a remedy of any account except in zymotic diseases. For fevers and skin diseases it should not be employed, as we have such an abundance of remedies for such conditions which are both agreeable and efficient. The dose of sulphurous acid is 15 to 60 minims, well diluted, or 10 to 25 per cent. locally. In adopting and prescribing in these days of such eligible, palatable, and efficient agents, we would be doing ourselves an injury and our patients a wrong if we exhibit repulsive medicines.

My dear doctor, not to be too long on this question, I want to say, while not lecturing you, that this is an age of scientific advancement and discovery and in our therapy we must employ active principles, concentrations, eligible, attractive, palatable, and potent agents if we would secure and hold the fastidious clients whose eyes, noses, and palates are to be considered.

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The homeopaths are forging ahead because they *give good medicine,* and while there is no *virtue* in their doses, they yet succeed by enjoining *rest, strict dietary,* and operate along psychological lines—faith cures; in other words, by the "Vis Medicatrix Naturæ." They amuse the patient and nature *cures* the *disease!* If we use nauseous and unsightly compounds, we may lose out!

Question No. 2. Permanganate of potassium in pills uncombined, or in crystals in vial airtight, can be carried anywhere at any time. Only explosive when combined with some agents incompatible.

Question No. 3. You should not forget that creosote (from wood) and carbolic acid are agents to be handled with care. Carbolic acid, when locally applied, is an anesthetic, paralyzes the peripheral nerves. Larger doses of creosote can be more safely taken than can the same amount of carbolic acid. Carbolic acid, topically, except in large dilution, is productive of giddiness, vertigo, tension of the head, passing often into unconsciousness. The poisoning from handling timbers which have been creosoted, is because, in addition to the creosote, there is added the muriatic acid in the process. Where poisonous effects follow creosote or carbolic acid when used externally, may be treated by alcoholic stimulants internally, and the application of dilute alcohol, locally.

Question No. 4. If a child has a "pot belly," I should say it is due to either summer diarrhea, affecting as the result the tonicity and contractility of the intestines; also as a result of a big liver. There is also an idiopathic dilatation of the colon which continues distended with gas. It is an obstruction of the lumen, and the innervation of the intestines is interfered with. The ballooning of the abdomen, when such a condition is found, it is probable it has supervened from either malarial poison, following diarrheal conditions, fermentative indigestion, or purely a catarrhal disease. I should think by treating for anemia and keeping the bowels open and removing the gas, would be by using:—

℞ Yolk of egg, beaten in a saucer.
Spts. turpentine (added to yolk) .....3j.
Warm water .....Oij.
M. Sig.—Pass slowly into bowels.

Some authors regard "pot belly" as the result of narrow colon. The doctor would like to know what condition would be found on examination after death of pot-bellied child? I should suspect he would find either congenitally big liver, or congenital obstruction and lack of innervation as the result of the pressure from distention. All these conditions would impair the nervous sensibility, and per consequences, a fixed torpor would result.

Question No. 5. Nightmare may be caused by various things. Indigestible food, reflex nervous states, mental disturbance, heart disease, either functional or organic; constipation, with consequent intestinal toxemia; position in bed, want of ventilation, and many other causes. I don't think there is hardly ever a *pathological* cause for nightmare. The causes are *functional,* reflex, etc. How about the night terrors of moony children? About nervous causes? I knew a young man whose business as a bank clerk involved a great strain upon his nervous system, as he had to get the balances of the bank every day at the close of banking hours. After a strenuous day's work he was kept late by the duties spoken of, superadded. It was the rule that, suffering from nervous strain and exhaustion, he frequently had dreadful nightmare. He was my son.

Question No. 6. Getting "turned around," is hard to explain, but it is the result of confusion and bewilderment, and is peculiar to absent-minded persons. Undoubtedly there is some peculiar psychological cause for it. Confusion of mind is more peculiar to old age, especially if there is any functional disorder. The trouble is with the brain, and no one can determine what the condition is, if we eliminate ramollissement, chronic nephritis, or other organic causes.

Question No. 7. Try turpentine under the caudal appendage of a dog, and note the effect. There are *thin skinned* people with full capillaries; people of nervous sanguine temperament, who can stand neither turpentine nor mustard. Persons of a lymphatic temperament, with sluggish capillary circulation, who can stand both turpentine and mustard anywhere with very little discomfort. Of course, the genital organs are super-sensitive.

Question No. 8. In extracting teeth of pregnant women, it would be safe, after

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the period when maternal impressions may be made. To be sure, there is a shock, but that can be obviated by the application of an anesthetic to the parts. If the extraction is painless, it could make no difference.

Question No. 9. We give chloroform in parturition, and if carefully administered it can be safely used on pregnant women.

Question No. 10. There can be no rule as to the earliest age when hypodermics can be given. I should say whenever the muscular development, heart action, etc., are good, and the use of the same occasions no great alarm by the subject; a graduated dose, hypodermically, can be given to any one. However, I don't think it ought to be given to children before they are several years old, say, above six years of age. I have never given hypodermics to children, depending in certain conditions upon inunctions and rectal medications; also by inhalations. All of this in cases of spasms, epileptiform convulsions, etc., where the remedies can't be given per mouth.

Question No. 11. Doctress! Many persons speak of women doctors, though.

Question No. 12. I don't believe there is any physiological relation between the mustache and the sexual organs, nor between the mustache and the eyes. If the titillation incident to the osculatory act between the sexes is to be considered, there may be some relation between the mustache and the sexual organs.

D. L. FIELD, M. D.

Jeffersonville, Ind.

BYGONE DAYS.

Editor Medical Summary:

I began the practice of medicine forty-one years ago, and at that time every physician dispensed his own medicine. The physician was his own pharmacist, and I don't mean to boast when I assert that I had good success in the treatment of the sick. Gradually the druggist was entrusted with the preparing and dispensing business, and now he is getting rich with our help. He duplicates, re-duplicates, and counter-prescribes; in many cases he steals our formulas. Only a few days since I stepped into a drugstore, and the proprietor was prescribing treatment for a case of "grip"! It never occurred to the druggist to say that it was the province of a doctor to prescribe, and *his* privilege to fill the prescription! They are doing us up all the time! The druggist is violating his trust. As to renewing the doctor's prescriptions, we cannot object, as the prescription belongs to whom it was given and paid for. It is no longer the property or under control of the physician. What riles us is, that one transfers a prescription, or rather the numbered ℞ from one to another, and the druggist encourages such violence to the doctor's rights and business. It is a common practice for a patient to pass his box of capsules, powders, or what not, to another patient; but the druggist should protect the doctor against such wrong!

The next question is, What shall the doctor do? Retaliate by boycotting the repeating druggist, and sending prescriptions to another. He will find the same thing elsewhere. A breach is bound to come between the physician and the druggist if the interests of the M. D. are not considered as a duty he has a right to expect from the druggist. Too many physicians are coming to regard the pharmacist as a thorn in his side, and rightly, too. Exorbitant prices are charged in too many instances, and if a working man has a long siege of sickness in his family, his savings are soon exhausted and the medical man, very often, can whistle for his money. Of course, the druggist's excuse is, that he is required by a vacillating and experimenting profession to load down his shelves with preparations the doctors prescribe perhaps, but a few times, when he is left with a bag to hold. While this is true, it can be no excuse for extorting overcharges from the innocent.

In this age of concentration and eligible agents, I see no good reason why physicians can't do a greater part of the dispensing of medicines.

A DIALOGUE.

Customer (to druggist)—"I believe I am taking the 'grip.' What's good for it?"

Druggist—"Well, what you want is some calomel and soda tablets, ½ grain; take one every hour till you take eight, and follow with a dose of salts."

Customer—"What should I take after that?"

Druggist—"The best thing for you would

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be small doses of quinine several times a day."

Customer—"All right; put me up a dime's worth of tablets, and what doses of quinine you think I need."

So much for that patient. Another comes in.

Customer—"Say, I need a tonic; I am all run down; feel tough. What you got?"

Druggist—"I can fix you; you want to take some elixir of I. Q. & S. A teaspoonful three times a day."

Customer—"How much must I get?"

Druggist—"Well, the doctors usually prescribe about four ounces."

Customer—"Well, fix her up."

AGAIN.

Customer—"My wife is just crazy with neuralgia in the head and jaws. What you got to ease her?"

Druggist—"I can't say for sure, but the boss remedy now is aspirin; five grains every two hours till pain ceases."

Customer—"How do you take it?"

Druggist—"Oh, it comes in tablets and can be taken in capsules; its all the same."

Customer—"Well, give me the tablets."

He does so, and labels the dose accordingly.

ANOTHER.

Customer—"Say, Sam, I think I ought to take a blood medicine; my face is covered with pimples, and I know my blood is out of order."

Druggist—"Yes; what you need is a bottle of ecthol; the directions are on the package."

Instead of telling the customer that he had better go to a physician, he recommends a proprietary compound.

This is done far more frequently than doctors suspect.

D. C. FIELD, M. D.

Jeffersonville, Ind.

LOCAL TREATMENT.

Editor Medical Summary:

Besides the classification—what goes in, what cleans off, what draws out—there is properly a separation of the same agents into internal and external groups, as well as cutaneous and mucous membrane groups, for it has been made clear that if germs can act by penetrating different tissues (contiguity), it also follows that their products may occur in deep tissues and that so wounds can be treated locally. Arnica has become established for muscular tissue, and it has seemed to be proper to use the antiseptic oils: wintergreen, cloves, cedar, origanum, for lymphatic swellings and synovial tenderness. Cedar, by its combined adhesive and penetrating powers does well in punctured wounds; cannot say that anything is peculiarly suited to periosteum, though Prof. W. F. Peck, the sequestrum expert, used balsam of Peru freely after the mallet and chisel. Ammonium chloride is the best all around agent for glandular swellings, or cakes, inside and outside, and enough alcohol can be added to get effect, and it is great also in fluid accumulation, recent cysts, etc., of the newborn, applied in the warm part of the day. It is safer than the oils.

Bromine spray has soothed and cleaned so well a swollen, angry, but coated fauces that it does more than clean off or ozonize. The published formula said to be used by the originator is too vague and difficult; any solution must look very pale brown and taste but little, and so better than hydrogen peroxide. The solution used by Bartholow, thirty minims in an ounce of alcohol, might be a good base for most solutions required, and with soda it has a reputation of going in. It is of interest also, owing to their being normally some bromine in the pituitary body. Internally hydrobromic acid seems as soothing, given by the mouth, as the spray; but the acid had a remakable effect when given to an overgrown young man with indigestion, hemicrania, and insomnia. The amount taken in two parts was sixty minims. He slept twenty hours, and was roused only by warming up treatment.

Aconite controls local nervous states, irritable warts, subcutaneous tubercles, and neuralgia being cured by it, though in warts I am disposed to give arsenic internally, as it may be doubted whether it is not also a natural elementary principle of the skin, at least, as it is said to be of the blood, like iron in certain lower animals. Time required is greater or less, but persist. Local remedies may be food, alteratives by addition or subtraction, and either sedative or stimulant by action on tissue. In either case it may yet be found that a chemical

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action takes place, and there is yet work for a Sajous.

Bismuth subnitrate for gald, intertrigo of infants, beats all baby powder, and it acts on erythemas in a way to show it must draw out, like an alkali will; but the alkaline bath has not yet been used systematically, owing to lack of bath-room meteorological data. A skin unable to unload may be unloaded by local action, as potassium hydrate for eczema; but this seems severe, and a general cutaneous application may be used if the room is right. A suggestion is ventured that the room should be, for most persons, at 86 degrees before the hot water is let into the tub. The bath should be quickly tempered and the patient quickly in it. The moist and close air should then be let out at the top of the room, and at once dry heat be brought into action at the bottom of the room. This may be by hot bricks, soapstone, etc., but not by brazier nor oil stove. Electric heat would answer. The effect is to free the room from vapor so it will not be muggy or swelty, and yet not chill the patient. Hot air at the bottom of the room would expand and drive out the lightest moist air, and oxygen supply could be kept up. No patent on this suggestion.

Local electric treatment would scarcely be effective, unless the patient is able to supply the blood, *i.e.*, salts, to maintain action. Let no patient boast of his blood to his detriment and your chagrin, but prepare for treatment and support it with proper dietary care. Healing will not take place, either, if the blood is clogged with retentia or deposits, which, if in kidneys, use potassium acetate; if in lungs or spine, use ammonium acetate; if in skin, potassium citrate. The system may require magnesia or lime if intestinal intoxication or infection, is present. Very good surgeons have neglected patients with lung and joint and kidney deposits till their patients sought aid or succumbed. Even rest for overstrained lungs or other parts is apt to fail if either air or food is mismanaged. Local treatment is not a fetish, but an aid, and when well managed it is more than a charm needed by the mind. There! Something has been attempted. Something done!

J. P. Dickson, M. D.

Franklin, Ia.

LARYNGITIS—A CASE OF SUB-ACUTE.

Editor Medical Summary:

Mrs. J., age 43, complained of hoarseness with tickling cough at New Years. No medication, except simple home remedies was deemed necessary, the patient thinking the trouble would soon be better. Days passed and the hoarseness grew worse; attacks of dyspnea, with choking spells, became more common, loss of sleep with loss of appetite soon debilitated the patient. The neighbors diagnosed the case as asthma, and the usual patent asthma remedies advised, with no apparent relief. After six weeks the writer was called at night to drive ten miles over a bad road in the rain, the phone message being to hurry, the patient is choking to death. On arrival the patient was found struggling for breath, intensely nervous, and afraid death was near. The pulse was 110, temperature 99.6 degrees, tongue coated, pupils dilated, facies reddened and anxious, finger nails pink, feet warm. Immediate prognosis was most favorable; fear predominant.

For the attacks of coughing the anti-asthmatic granule (containing strychn. arsenate, hyoscyamine amorph., lubelin, apomorphine mur.), with glonoin, was given every half-hour until relieved, then every hour or two. The inhalation of steam was advised, and a spray of iodine, grs. 5; creasote (beechwood), ʒj to liquid petrolatum, ʒiij, prescribed, to be used every hour to three hours, as the case was benefitted. Strychnine arsenate, gr. 1/134, three granules every three hours, was also prescribed.

The bowels were constipated, and for their clearing out, calomel, ipecac, and soda tablets were given, two every hour for six hours, to be followed by saline laxative in sufficient dose to move bowels four or five times during the next twenty-four hours, and the saline continued daily to keep bowels lose. A 15-grain powder of veronal was left to procure sleep the next night.

The report next morning was to the effect that the patient was much better, and a few encouraging words while preparing an amyl nitrite capsule, with a few whiffs of this powerful antispasmodic and circulatory sedative soon restored the patient to a more comfortable state. The

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breathing was hurried, noisy, and cough croupy and persistent, with spasms of coughing that shook the patient, as she expressed it, "all to pieces." Sleep was out of the question even if fear was allayed. The reclining position was assumed only when sleep overpowered fear, but in a few minutes the patient would rouse, struggling to a sitting position, fighting for breath. This had been going on for two weeks, the attacks increasing in severity and the patient growing gradually weaker.

The patient was given at once a solution of calcium iodized (calcidin) in hot water, one teaspoonful of the powder to the glass, and one teaspoonful of the solution, well stirred, given every fifteen minutes, until better, then every hour.

Improved, the cough almost gone, breathing still loud and labored; patient had had five movements of the bowels, the stools being almost black and very foul. The urine was free, slept all night except when aroused for medicine; breathing much easier than when awake.

A few intestinal antiseptics (W-A) were prescribed, and the other treatment continued, with advice as to bathing, changing bedclothes, nourishing diet, fresh air, plenty of buttermilk, and pure water.

The patient improved daily, and in two weeks could talk very well. Family and personal history are good; no severe illness since puberty. Patient is mother of eight healthy children, the baby, eleven months' old, being weaned at my suggestion.

Emphasis is placed on the rapid relief of the dyspnea and cough under calcium iodized.

R. J. SMITH, M. D.

Collinston, Utah.

A CLINICAL NOTE.

Editor Medical Summary:

Robt. H. A., line walker, came into my office complaining of a severe cold and a sharp pain over one eye; the left eye was swollen considerable, the tears dropping constantly. He said the pain had been severe for two days and getting worse all the time, and unless he got relief he could not go out on his route next A. M. Being a young man, married, one child, he was anxious to continue work. The tongue was white coated and he appeared in a bad way; there was some bronchial involvement. Temperature 102.

He got the following treatment: I first bathed the eye and entire face with carbolized Epsom solution, Epsom salt one ounce, carbolic acid ten grains; two minutes bathing with the above solution, hot, and he said the pain was nearly all gone. He was given the solution and ordered to bathe the entire body at bedtime, and to make an all-night application to the eye; also gave calcium, five grains; sodium bicarb., five grains, to be taken at bedtime, and followed in the morning with a saline; also to repeat the bath in the morning. When he reported the next morning, to use his own words, he felt like a new man. No further trouble, worked every day since.

S. J. Ross, M. D.

Schultz, W. Va.

REPLY TO DR. BURNETT'S QUESTIONS.

Editor Medical Summary:

We hereby submit a few answers to Dr. J. A. Burnett's questions on page 375, February No. of the SUMMARY:—

1. Sulphurous fumigation may be given by placing a pan of water under the patient's bed, floating in which is a much smaller vessel containing a small quantity of burning sulphur; the fumes must be conveyed to the patient's body through an air-tight passage to the body; a fairly air-tight bed canopy should confine the fumes to the air immediately surrounding the body. However, a better apparatus would be the consumptive's improvised bed-room, with the patient's head outside the limits of the room. The acid is a good oxidizing agent, while the heat accompanying its production is a good diaphoretic and calmant.

The fumes are irritant to the skin and mucous membranes, hence the fumigation is a counter-irritant to the former, and a spasmodic irritant to the respiratory apparatus.

2. Most assuredly it is safe to carry around potassium permanganate.

3. The creosote process of treating wood

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to resist disintegrating forces, is not the purer product used in medicine.

The best treatment is to remove the cause.

4. "Pot-bellied children" are both successful and unsuccessful in the conservation of life forces.

When the over-enlarged and heavily taxed liver, pancreas, stomach, and spleen, by hyperfunction succeeds, after a shorter or a longer interval, in overcoming anomalous, anabolic, and catabolic conditions of his tissues, the individual is a success in life.

Proper medical treatment will assist very materially. Furnish the child with food containing the requisite amount of lime; round out his digestive enzymes by carefully and properly selected proteid principles, such as iridin, emetine, podophyllin, juglandin, dioscorcin, boldine, etc., but never cause purgation by any one or any combination of them. Never give magnesium sulphate for laxation; sodium sulphate and phosphate are much better.

If the proteid principles mentioned are rightly used, saline laxation is seldom necessary. But the child who has an intrinsic hereditary defect in the essential life energies, goes the way of all unfits—succumbs to life emergencies.

5. "Nightmare" is a temporary anomalous condition commonly met in adolescents who are overtaxed physically and sexually.

Some of them progress in the retrograde status of health to real epileptic attacks.

Every patient is a problem to be solved on his own complications.

Generally, every one of them suffers from indigestion, because their unphysiologic lives precludes normal anabolism, furnishing the right grade of catabolism, from which the digestive-ferment producing can fabricate the proper quality of digestive enzymes—pepsin, divertin, secretin, trypsinogen, erepsin, etc. Hence remove the initial causes and build up nutrition.

6. Getting "turned around" is usually a natural defect that scarcely handicaps in the ordinary pursuits of life; it is similar to the hereditary trait of always being impelled to throw oneself out of an open second or high story window.

I heard a great neurologist say that he always had to combat such an impulse; he died at the age of 70 from cerebral hemorrhage.

7. Turpentine is an alcoholic solution of pitch. Resins are complex entities, containing two, three or more active proteid principles. These principles, under sufficient dilution and other favorable conditions, biochemically attack the animal structure which has its affinitive cognate prinple; the affinities of both are thus neutralized, and the attacked animal tissue is correspondingly biochemically injured.

The resulting lesion is complemented by the reparative process. Remove the initial cause and keep the lesion free from extraneous pathogenic germs.

If in a debilitated subject, treat the man and apply nuclein solution to the sore.

8. In the early years of my practice I extracted the teeth of pregnant women many times, and had no bad results.

9. Pregnancy does not contra-indicate the use of a general anesthetic when urgent.

10. When urgent, children should be medicated, hypodermically, at any age.

In impending somatic death hypodermics of atropine and glonoin should never be withheld; likewise, in convulsive fits.

JAS. BURKE, M. D.

Manitowoc, Wis.

REPLY TO QUESTIONS ASKED.

Editor Medical Summary:

On page 375, February issue, Dr. Burnett asks the following questions:—

"There is a condition the laity call 'Nightmare,' in which the persons think they are awake and try to move, but cannot. There is no pain about it, but a very distressing sensation with strong desire to move, and occasionally they will try to call some one or make a noise. When a person is in this condition if any one takes hold of him and shakes him, the condition passes off at once. What is the cause of this condition, and what are the pathological conditions present? Will this cause death in any case, and what is the treatment for it?"

In reply to this let me state that, in general and in normal condition, dreams and nightmare are so numerous, so varied, so incoherent, that it is almost superfluous to

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seek their cause outside of the associations of ideas latent in the mind, or images dormant in the cerebral hemispheres. We dream, just as we think, of all sorts of things and situations, only instead of thought, as in the waking state, we imagine that we act, etc. The difference lies in this, and as the objective mind is in abeyance and reason absent from these subliminal acts, the most extravagant situations are realized, very simply and without any surprise, as if they were natural.

Those characteristic phases may be observed in these subliminal excursions, while in the waking state an idea remains an idea, in the dream it becomes an image, and then a reality, either a person or a thing.

In this condition we personify our ideas, and we attribute to different personages thoughts and words and acts which are entirely our own. These subliminal phenomena are influenced by numerous causes outside of the mind itself. Difficulty of digestion, disturbance of respiration, the position of the body, a rustling of the bedclothes, a covering which is heavy, a chill, a noise, a light, an odor, the touch of a hand, a suggestion, hunger, thirst, general repletion, all have an effect on the subjective consciousness to produce nightmare.

In this connection may be mentioned a hypnotic hallucination, viz.: that of falling over a precipice, sliding down a staircase, of being thrown into the water, etc.

It occurs generally, just after sleep has begun, at the moment the body becomes completely relaxed. It is at this point that the center of gravity is entirely changed. It is, no doubt, this displacement of our center of gravity which gives rise to nightmare, often of a horrible nature. Our attitudes in sleep tend to a passive equilibrium. All the activities of the senses fade away by degrees, and oblivion of the external world arrives by insensible transitions, as if the soul—so to speak—slowly withdrew itself into its innermost recesses. The eyelids close, and the eye is soonest asleep. The sense of touch loses its faculties of perception, then it too sleeps. The sense of smell disappears in its turn. Hearing is the last to disappear, remaining like a vigilant sentinel to warn us in case of danger; but at length it also fades away. Then sleep is complete, and the world of dreams opens itself before our thoughts with all its infinite diversity. Absurd and ludicrous images of the most incongruous and incoherent character are associated together without the slightest probability or the slightest reason.

We find that some dreams are the result of habitual preoccupations, while others are from impressions caused by physical sensations. The combination of these resultant causes is sufficient to produce nightmare in its various forms. Cases of final dissolution have been reported, caused by the effects of nightmare. A patient suffering from organic heart disease would, most likely, be launched into eternity during a sudden fall from a great height, or during a severe struggle with an opponent. Many cases of death occurring while asleep can be attributed to no other cause than the condition in question.

As regards treatment, the physician has the remedy in his hands, and that is suggestion, together with proper diet at the last daily meal. Auto-suggestion indulged in by the patient upon retiring will also put an end to the trouble, but it should be persisted in for some weeks.

Question No. 10. "What is the earliest age of children that is safe and all right to use hypodermics for children same as for adults, and what is the earliest age that they can be given at all?

In substituting the word *should* for "can" my answer would be, Never during childhood, and not unless absolutely necessary after childhood. Presuming that Dr. Burnett refers to subcutaneous injections of morphine, etc., for the relief of pain, permit me to state that the suggestibility of children from three years to twelve or fifteen is so very pronounced, it requires nothing more than skillful suggestions by the physician to inhibit any pain that may be present.

C. Edwin Goodell, M. D.

Newark, N. J.

LABORATORY TESTS IN INFECTIOUS DISEASES, ETC.

Editor Medical Summary:

I was invited to a lecture the other evening by Dr. Charles W. Duval, Professor

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of Pathology of Tulane Medical College, New Orleans. He opened his lecture on "Laboratory Tests in Infectious Diseases," by showing the advantage of making a more perfect microscopical test for rectal sarcoma. If you snip off a piece of the mucous membrane covering the sarcoma, the microscopist will not report a sarcoma; hence cut out a piece of the tumor proper and you will receive a positive report from the pathologist. His second subject was an "Improvement Upon the Diagnosis of Scarlet Fever." He agrees that it is caused by protozoa. To find them he proceeds in this manner: He moistens a piece of cotton the size of a ten-cent-piece with stronger ammonia water, and places it upon the thorax (or sometimes in the groin), and permits it to remain until it smarts well. Then remove it and cover the part it occupied with a thick layer of vaseline. In five minutes you will have a blebs or blister formed. To extract the serum introduce a thin aseptic pippet, capillary tube, or use a hypodermic needle for an aspirator. Place a drop of the serum on a slide, dry it, wash with methyl spirit, stain with methylene blue, and with a one-sixth or one-quarter objective you can see the protozoon. You will notice that where the protozoon is in contact with a leucocyte, that the leucocyte is indented and appears as though the leucocyte was trying to engulf it; hence that part of the leucocyte looks like a crescent. These protozoa are shaped quite peculiarly. Some look like thick flagella, some like an eggplant with a tail, and others like the rosette of malaria. In size they are as large and some larger than a leucocyte, hence no trouble to find. In closing, will say that Dr. Duval's lecture was well attended.

R. D. Fairex, M. D.
1110 S. Rampart St., New Orleans, La.

GASTRO-INTESTINAL INDIGESTION —QUERY AND REPLY.

Editor Medical Summary:

I have a son who has intestinal indigestion, as I call it. I will give you his symptoms as near as I can, and then I would very much like for you to make out your diagnosis and prescribe for him. His symptoms are as follows: The attacks come on sometimes once a week, and sometimes once every two weeks, and sometimes only once a month. They usually come at night after going to bed. He gets nervous or uneasy, grunts and groans, gets out of bed and walks the floors for hours; sometimes he is up all night, and during this time he complains of having pain in his stomach and bowels. All this time he will be belching, or trying to belch up gas off his stomach. Of course, I have treated him myself, and have had three or four other physicians treat him, and he went to Hot Springs, Ark., and was treated there by a physician, and also took the hot baths, all with but little or no effect. He is rather thin, weighs about 145 pounds, 24 years old, married three years ago, and one child. He has been afflicted in this way for about four years. His appetite is fairly good, bowels somewhat constipated. He was raised on a farm, but never did much work connected with farm work. He was elected county clerk last fall; prior to that time he had been teaching school. He is temperate, does not chew or use tobacco in any form, or use intoxicating liquors. He is very careful about his diet. Now, doctor, will you please give me your diagnosis and let me have a prescription for him, and thanking you in advance for what you may do for my son, I remain,

J. T. C.

Mulberry, Ark.

[He has gastro-intestinal indigestion, of course, but his chief trouble is the formation of gas which accompanies this indigestion. This is to be combatted by diet, regulation of the bowels, judicious exercise, and the use of anti-fermentative medication. He will not make a rapid recovery under any medication, and he must consent to be patient and persistent. We think a very short trial of the following suggestions will enable you to relieve him so much that he will submit to orders and will take courage.

The constipation must be absolutely eliminated, but you must sedulously avoid those active cathartics which disorder digestion. Let him take some of the following drugs, learning by experience which one suits him best, and then adhere to it. Let him take enough, only, to secure a mushy stool once

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a day. We list in order of our preference: Phenolphthalein, 1 to 10 grains, on retiring; extract cascara sagrada, 5 to 15 grains on retiring; Drysdale's aperient tablet, one to two tablets or pills on retiring, or night and morning. Let him drink a pint of water just after rising in the morning, and just after retiring at night. Before rising let him knead, with the clenched fist, over the line of the colon, beginning on the right side and progressing to the left, and as low down its line as possible, for ten minutes. After rising, or after breakfast, let him go to the closet and take position for defecation even though no desire is felt; do not advise "strainging," but remain on seat at least ten minutes. After a few days of this regime he will be able to select a regular hour each day for his evacuation, and the bowels will move like clock work. When this occurs gradually reduce his medication till it can be abandoned. It is possible that you might get this same effect through the use of the rectal dilators, twenty minutes, twice daily.

Put him on the following tablets or pills: Betanaphthol, 5 grains, every four hours. Crush, and follow with water:—

℞ Strychnine .....gr. ¼₀.
Powd. black pepper,
Powd. ipecac .....āā. gr. ⅓.
Powd. gentian .....gr. ½.
Oleoresin capsicum .....ɱ ⅛.

M. Sig.—One every four hours.

Alternate these so that he takes a tablet every two hours. This, we believe, will check this excessive fermentation.

He will know that certain foods cause him to develop more gas than ordinarily; let him strictly avoid these. Do not confine him to any rigid diet, as he can learn for himself better than any doctor can tell him what he may or what he may not eat.

Let him take enough physical exercise, out-doors, twice daily, so that he will retire at night actually tired.

If he is nervous after he has been on the above line of treatment for one week, put him on the following pill or tablet every three hours till his nerves are absolutely at rest; then suspend till he needs them again:—

℞ Camphor .....gr. j.
Ext. hyoscyamus,
Ext. valerian .....āā. gr. ½.

We will be glad to learn how this treatment "pans out."—Ed.]

CLIMATIC CONDITIONS—AN EXPLANATION AND CORRECTION.

Editor Medical Summary:

The table, in my paper on "The Influence of Climatic Conditions in the Treatment of Tuberculosis," printed in the March number of your journal, is meaningless as it stands. Evidently in my manuscript I neglected to put the proper caption over the different columns.

I give herewith the completed table which, as a favor, I ask you to print in the May number as a correction to my paper, and I ask the readers of the Summary to note and ponder this comparison of climates. There is not much difference in the temperature of the different regions, but in sunshine and rainfall the difference is extreme. You doctors who have tried to treat tuberculosis in the Mississippi Valley or the Atlantic slope, note the difference in the number of clear days. At Cincinnati you have 95 clear days during the year; at Philadelphia you have 106; in Rocky Ford we have 277. To live out of doors is easy and comfortable here. If this alone were the only advantage to be obtained from change of climate, which it is not, yet if it were, it would be worth all the time and trouble and expense of moving.

Table of Comparison of Climates.

	Max. Temp.	Min. Temp.	No. Clear Days in Year.	In. Rainfall
Rocky Ford, Col...	99	1	277	14.6
Philadelphia	106	5	106	41.7
Cincinnati	95	10	95	45

L. P. Barbour, M. D.
Rocky Ford, Col.

QUERY?

Editor Medical Summary:

Dr. Burnett's questions and a squib under heading of Summary Gleanings, page 384, of February Summary, along with other things, puts me in mind of this one: Insert in an early number of the Summary, asking for a treatment of corns, one that will cure, or can you advise where I can procure a book dealing with this alone or other such common, but unwritten subjects or troubles. Any help you may offer will be thankfully received.

J. A. Corn, M. D.
Le Roy, Kansas.

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SOME FACTS WORTH REMEMBERING.

Editor Medical Summary:

One remedy that I have found reliable in the treatment of diabetes is the lycopus virginicus (bugleweed), the plant is the part used. From an analysis of the plant we find it contains 40 per cent. of tannin. If I have a patient passing large quantities of water in the twenty-four hours with great thirst, I give the above remedy. Take one ounce of the bugleweed (most drug stores have the pressed herb), make an infusion with it in one pint of hot water, give a tablespoonful four times a day. Dr. John King, in the *American Dispensatory,* says the above remedy has "cured cases of diabetes where other remedies have failed." In my own practice I have cured many cases of this disease that had been "the rounds" and failed to get any help.

In the treatment of rheumatism we are often puzzled to find a remedy for these old "chronics" that have been "the rounds" and claim that "no remedy can cure them." Take one ounce of cimicifuga racemosa, put in one pint of hot water (not boiling), let it stand for forty-eight hours, then give one tablespoonful an hour after each meal, or, if you choose, you may add one ounce of the cimicifuga racemosa to a pint of gin and let it stand three days, then give a tablespoonful one hour after each meal. This remedy is also called macrotys. Most patients like a liniment to use; they will expect it, and it will give them something to do. Let them use:—

℞ Gum camphor .....℥j.
Oil wormwood .....℥j.
Alcohol .....℥viij.

M. Sig.—Rub the parts thoroughly with the above three or four times a day, and they may rub out the rheumatism in three or four days.

The above are simple remedies, but in my experience the best cures I have ever made have been with simple remedies. Those who are inclined to ignore our simple vegetable remedies should remember the words of Paracelsus: "A physician should overlook nothing; he should look down before him like a maiden, and he will find at his feet a more valuable treasure for all diseases than India, Egypt, Greece or Barbary can furnish." The above are old remedies, tried and true, that have been tested in hundreds of cases and found reliable.

When you have a patient that complains of a hacking cough and a sense of rawness or sore feeling of the throat and chest, given him three tablets of kali mur., third decimal trituration, (potassium chloride), once in two hours, and notice how soon the cough and soreness will fade aawy. In your cases of chronic catarrh, when the patient complains of pressure at root of nose, "slugs and clinkers" form in the nose, and also a greenish discharge. They have dropping down in the back part of the throat—a stringy mucus. There is just one remedy indicated in such cases, and it is potassium bichromate, the third decimal trituration, two grains once in three hours. As a liquid for the nose, you may use:—

℞ Sol. nitre,
Sodium borat.,
Ammonium muriate,
Sodium chloride .....āā. ℥j.

Mix and pulverize, then add:—

Oil gaultheria .....℥j.
Alcohol .....Oj.

M. Put this in two quarts of pure water, let it stand for forty-eight hours, then filter.

Sig.—Pour some of the liquid in the palm of the hand, sniff it up each nostril of the nose until it is felt above the back of the throat. Do this four times a day.

I have, in my practice, cured many cases of catarrh where they had been affected with the disease for years and could not smell anything. I have treated the worst cases in northern New England and up around the lakes, in northern Ohio. Every physician in general practice should be able to treat chronic catarrh successfully for it will add just so much to his office business. Many a fine looking young lady is afraid to get married on account of a stinking breath from catarrh, likewise the young man. If you can cure them, they will bless you evermore.

ELI G. JONES, M. D.

Burlington, N. J.

UNUSUAL CASES.

Editor Medical Summary:

A case of typhoid fever in a young girl, aged 15 years, whose illness ran the usual length of time with no complications, and extreme care taken both in the nursing and

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the diet. She went on to apparent convalescence, the fever almost normal for twenty-four hours consecutively. After having given explicit instructions that no nourishment, except liquids, should pass her lips for two weeks more, and having written a prescription for a restorative tonic, I passed out to return to my home. Her father coming out, detained me in conversation some time, when his wife came out hurriedly and announced that her daughter had been suddenly seized with agonizing pain in her abdomen. She was screaming. I knew then and there that I had a perforation to contend with, but no relief, except with anodynes. The abdomen began to swell, and in twenty-four hours she died with peritonitis. Such things are accidents, are unforseen, and cannot be prevented. The reason I say so is, because I kept down tympanites by enemata of egg emulsion and turpentine in a quart of very warm water, every day. I prepared it by beating the yelk of an egg in a saucer, adding a teaspoonful of turpentine to it, and stirring the mixture into a quart of hot water, which was passed slowly and gradually into the bowels. Great care was used that it should go into the bowls slowly, so as not to distend them suddenly. Perforation is an accident which may occur in even *mild cases.*

D. L. FIELD, M. D.

Jeffersonville, Ind.

DIAGNOSIS OF ACUTE AND CHRONIC MYOCARDITIS.

Editor Medical Summary:

Will you be so kind as to clear up the subject of "Diagnosis of Acute and Chronic Myocarditis." I have a number of the latest texts on diagnosis, but after an exhaustive study of the disease in question I am obsolutely lost as far as the diagnosis is concerned. Kindly write me and tell me what experience you have had with this disease.

You can publish this query; it will surely interest some of the boys, as I am sure most of them are short of diagnosis.

A. CHARBONNEAU, M. D.

641 W. Monroe St., Chicago, Ill.

[This is one of the most difficult of all diagnoses; indeed, it is often impossible to make a diagnosis of myocarditis. We may mention some few points which may be of some help to you.

General myocarditis is *always acute.* Local myocarditis may be either acute or chronic. Local myocarditis is generally due to formation of a thrombus in the terminal endings of the coronary artery. The symptoms of acute myocarditis are vague and chronic myocarditis in an advanced degree may be present without physical signs and be devoid of clinical expression.

Acute myocarditis generally appears during the course of or in convalescence from an infection. There may be a sense of oppression referred to the precordia, with dyspnea, fainting spells, and frequent sighing. The pulse is rapid and weak, but not often showing any irregularity. The circulation is depressed, face pale, and hands and feet cold. In many of the cases the patient makes no complaint of anything disturbing in the region of the heart. Death is sudden from acute dilatation or cardiac paralysis; this is particularly the case in diphtheria and in pneumonia. The physical examination reveals feeble heart sounds, with sometimes an accentuated mitral first sound. Impulse and apex beat are diminished or entirely imperceptible. In cases developing acute dilatation, an increased area of dullness may be mapped out.

Chronic myocarditis is generally only suspected for the first time during the course of an infection, since they, alone, seldom or never lead the patient to consult a physician. When the patient consults a physician, and the most thorough examination is given, absolutely nothing may be found upon which a diagnosis could be based. When the symptoms are combined with the symptoms of other trouble, such as a nephritis, it is the combined symptoms which drive the patient to the physician, and these combined symptoms are often baffling to the most expert diagnostician. The complexity of phenomena should put the physician on his guard enough to obtain the most complete history possible, so that he may trace out the endocarditis previously existing; then the secondary myocarditis; then separate the myocardial symptoms, when possible, from those of the intercurrent disease. Only those cases are easy which present a similar condition elsewhere, as in a thrombosis existing elsewhere, an apoplexy, uremia, etc.—ED.]

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Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

RING-WORM OF THE SCALP.

Editor Medical Summary:

A dead shot for ring-worm of the scalp or any other part of the body:—

℞ Chrysophanic acid .....ʒj.
Vaseline (white),
Ung. aqua rosa .....āā. 3j.

M. Sig.—Apply with finer or soft brush to diseased part, once a day, until the skin thickens up and becomes inflamed; then wash off with brown Castile soap and dress with olive oil or simple cerate.

Never has failed in our hands. The chrysophanic acid should be fresh and well powdered.

Be carefud that it is kept out of the eyes, as it might cause an inflammation of the conjunctivia that would get up trouble.

J. A. Ward, M. D.

Troy, Mo.

FOR CHRONIC OR SUB-ACUTE BRONCHITIS.

Editor Medical Summary:

In chronic or subacute bronchitis, with constant cough, attended by a tenacious frothy expectoration, the following will often act like magic:—

℞ Potass. bicromate .....gr. j.
Sac. lactis .....gr. ccxl.

M. Ft. chart 240.

Sig.—Give a powder every half-hour to every one or two hours, dry, on the tongue, and swallow without water or other liquid.

The bicromate of potassium and milk sugar must be most thoroughly triturated, so as not to show any specks of the bicromate, even by the aid of a strong magnifying glass. Try it; it will not deceive you.

The different strengths of this prescription can be procured at all first-class drug-stores.

The above is, perhaps, the strongest made by the homeopaths. Try it, doctor, and you'll be surprised as well as pleased at its good effect.

J. A. Ward, M. D.

Troy, Mo.

HERPES ZOSTER.

Editor Medical Summary:

While the following prescription is not exactly original with me, yet it has proved of sufficient value in my hands to induce me to present it to the Summary readers, that perhaps it might prove of sufficient interest to some of the readers to give it a trial:—

℞ Sodium salicylic .....3ij.
Zinc phosphide,
Ext. nux vomica ....āā. gr. ij.

M. Divide in capsule No. 24.

Sig.—Two three times a day.

℞ Calcium sulphide .....gr. iv.

Divide into eight capsules. One at night, 8 P. M., one at 10 A. M.

L. G. Doane, M. D.

New York City.

CHRONIC DIARRHEA.

Editor Medical Summary:

The following prescription is a remarkably fine one in many cases of chronic diarrhea, and has proved of inestimable value in my hands; consequently I present it for publication in your highly esteemed journal:—

℞ Bismuth subnit. .....3iv.
Salol .....gr. xl.

Or—

Betanaphthol bismuth .....xl.

M. Make capsules No. viij.

Sig.—One capsule every three or four hours.

T. G. Stephens, M. D.

Sidney, Iowa.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

SEVEN HUNDRED SURGICAL SUGGESTIONS. PRACTICAL BREVITIES IN SURGICAL DIAGNOSIS AND TREATMENT. By Walter M. Brickner, B. S., M. D., Assistant Adjunct Surgeon, Mount Sinai Hospital, New York; Editor-in-Chief American Journal of Surgery, Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York, and Harold M. Hays, M. A., M. D. Third Series. 153 Pages. Surgery Publishing Co., Publishers, 92 William St., N. Y. 1909. Price, semi-de-luxe, $1.00; full library de luxe, ooze leather, gold edges, $2.25.

This little volume having passed through several or more editions prior to the present, which contains about two hundred more of these short, terse epigramatic paragraphs than the earlier editions, and contains a storehouse, "packed full," as it were, of just such veritable facts that should make a lasting impression on the mind of the surgeon and general practitioner, as well. In its present and enlarged form it is a gem, both as to contents and as an example of the printer's art.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS: A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association; Member of the American Medical Association, etc. Sixth Edition, Thoroughly Revised. Royal Octavo. 462 pages. Illustrated with 12 Original, Full-page Chromo-Lithographic Plates and 15 Full-Page Half-Tone Plates of Photographs taken from Nature, and numerous Engravings in the Text. Bound in Etxra Cloth. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa., 1909. Price, $4.00, net.

"From little acorns mighty oaks grow," so it may be said of this work on "The Diseases of Women and Their Treatment by Electricity." The nucleus of it was proved and presented to the profession twenty years ago, and from that then rather crude form, if we may so term it, has evolved probably the best, most practical up-to-date work on diseases of women and their treatment by electricity, published. That department of the science of healing to which this work belongs has made great progress. Advances of this kind have necessitated a complete re-writing of the more technical portion of the work from time to time. While, perhaps, in the present edition changes are not so numerous as in some previous ones, yet we find in it an entirely new chapter devoted to the principle of electro-chemical surgery in the removal of new growths; the treatment of tubercular adenitis by zinc-mercury ions, and the use of high-frequency, high-potential currents in gynecology. Also, in that portion of the work relating to the treatment of cancer by zinc-mercury ions, the technical details have been brought up-to-date, and the latest forms of instruments depicted. While a few retractions of formerly expressed opinions have been made by the author, however the strong language in previous editions condemning unnecessary operations and sacrifices of organs in non-malignant affections have been retained, and it is the authors opinion that a great change in relation to this matter has of late appeared in mental attitude of practical physicians on the subject, and even the older operative surgeons on this specialty are more conservative than formerly.

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Summary Gleanings

A symptom of diabetes, which often appears, even when only a small quantity of sugar is present, is cramps in the calves of the legs.

An epithelioma may develop in a wart, or a scar, or a mole.

The monobromate of camphor is suggested in acute nasal catarrh.

When danger threatens from the use of chloroform or cocaine, use amylnitrite.

A chloral solution kept constantly applied to a boil is said to be of advantage.

Unna advised lime water, benzoated lard, and lanolin to be applied freely to burns.

To relieve a cough, try a teaspoonful of hot water whenever the paroxysm comes on.

In fever and chill of phthisis, give alstonia, especially if night sweats, diarrhea, and debility are present.

The powdered root of phytolacca, applied directly to the slough in a carbuncle, will work wonders.

During the period of high temperature in the summer, the weaning of a child should be avoided if possible.

Half a dram of boric acid in an ounce of alcohol is good treatment for acne if applied five or six times daily.

The case of a woman is reported who had a uterine polypus, an adenoma of the face, and a mammary cancer.

In the treatment of acute cystitis five drops of the tincture of thuja every three hours is a valuable remedy.

Strychnine is an excellent remedy for uterine hemorrhage from atonicity or in inertia. It may be given in advance, if such a condition is anticipated.

A firm bandage of proper width drawn tightly around both breasts and securely pinned is a better application than adhesive straps for mastitis.

The application of the tincture of bloodroot to surfaces poisoned with ivy will immediately relieve the itching and burning and will quickly cure.

The free application of carbolic acid to carbuncle, will usually give prompt results. A 10- or 20-per-cent. solution may be freely injected into every sinus.

The application of the peroxide of hydrogen, full strength, to a suppurative surface, will quickly stop the formation of pus and stimulate healthy granulation.

The monosulphate of sodium is given with excellent results in lead poisoning, to hasten the elimination of the lead, and to retard any toxic influence until the elimination is effected.

Byron Robinson says that in reno-ureteral tuberculosis, with severe involvement of the urinary vesicle, infrapubic cystotomy may relieve pain and comfort the patient.

To check an asthmatic paroxysm one of the most effectual remedies is coffee. It acts better if given very hot and strong and without sugar and milk.

The constitutional effect of iodide of potassium may be easily produced by its use per rectum, a fact which is worth remembering.

In hemorrhage at the climacteric, hydrastis not only checks the excessive flow which we many times have to contend with, but with other indicated remedies is one of the best helpers we have to tide the patient over this most trying and critical period in a woman's life.

Suppositories made extemporaneously from pure glycerin soap will overcome constipation as readily as a glycerin enemata.

A writer in the *Lancet* has not failed to cure any case of vomiting of pregnancy or pruritus, by vesication over the fourth and fifth dorsal vertebra.

A teaspoonful of fluid extract cascara sagrada, taken at the beginning of an attack of migraine, will ward off the attack in some cases.

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JUNE, 1909

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THE MEDICAL SUMMARY

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R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
ESTABLISHED 1879

No. 4

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By J. S. Ward, M. D.

A COMPOUND FOR SYPHILIS, SCROFULA, AND OTHER DISEASES.
By John Albert Burnett, M. D.

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"THE MEDICAL SUMMARY."

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WHERE SHOULD THE DOCTOR HAVE HIS OFFICE?

In small towns it is usually found upstairs over a store or in the most accessible quarters that can be found regardless of convenience to the doctor himself. He wants to be handy to the people, with his sign swinging in the breeze announcing that relief for the afflicted is at the top of the stairs. He is, incidentally, afraid that said afflicted will find it more convenient to fall into the office of some one of his numerous competitors. For these reasons doctors bunch up as nearly as possible in the center of the populace where they can get all the publicity that is coming to them. There are reasons, some of them questionable ones, however, for the office being remote from the doctor's residence. There are likewise many reasons why the doctor in the smaller towns and cities should centralize his business and operate it all from one place. This particular phase we do not here care to take the space to discuss. We append this little story for what it may be worth along suggestive lines.

The other day when in a town of about fifteen hundred we talked with a young doctor of five or six years' experience. He was decidedly of the four-flushing type, the kind of man who is constantly blowing his own musical instrument naively known as a horn. He has ability, however, and from a financial viewpoint seems to be making. This doctor has nearly completed in a central portion of the town a three-story house of more than a dozen rooms; patterned somewhat after the style of a small sanitarium or hospital. He is preparing to care for about half a dozen patients at one time, mainly in the surgical category. His operating and sterilizing rooms were up-to-date, although not elaborate. This doctor stated that this was about what he wanted in the way of a residence anyway, and gave it as his opinion that the doctors outside of large cities would in the future have better operating rooms and facilities

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for the care of surgical cases. He informed us that he had recently taken a trip through the west and found that physicians out there were taking up the private hospital idea quite generally. Will our western readers give us more information as to what they are doing?

We believe that as a matter of convenience as well as from an economic standpoint that doctors generally would be better off if they conducted their business under one roof. This does not apply to doctors in cities of over twenty or thirty thousand, although many in towns of this size and larger would perhaps be better off if they did not struggle to maintain an office at high-priced rental rate in the heart of the business district.

WHY WE TAKE COLD.

"A cold," as the term is employed in common parlance, means an acute attack of coryza in which the mucous membranes of the head have the brunt to bear. If the adjective be omitted "cold" is the term often used to denote a condition of the muscular system, serous membranes or intestinal catarrh, as well as affections of other organs or regions.

The immediate cause of cold-taking is a lack of balance between heat-production and heat-elimination. This concerns the skin and the vasomotor system. The clinical or hygienic causes are several and one cause is often supplemented by another or two.

First, we wear too much clothing which we rely upon "to keep us warm" instead of depending more upon the heat that is being constantly being manufactured within our bodies. Heavy underclothing is a mistake. It lacks perosity and retains the excretion upon the skin, thus in a considerable measure occluding its pores and making it necessary for more poisons to be eliminated by internal organs. Clothing should be added to the outside to meet the exigencies of the weather instead of reinforcing the apparel next to the skin.

The heaviest dressers are troubled most with colds. If you are subject to sore throat start the winter by leaving your neck and throat as bare as possible. To bundle it up is the worst thing you can do. Bathe the neck and chest two or three times daily with cold water.

A person with a vigorous circulation and properly functioning organs does not take cold. This brings us to another important factor in the causation of colds. Autotoxemia is a matter that very vitally concerns cold-taking. A person who takes cold almost invariably has a gastro-intestinal canal that is below par in its function. There may be a fair appetite with regular bowel movement, but the colon and angles of the small intestines may contain fecal matter from which there are foci of reabsorption. It may be also put down as almost an axiom that, other things being reasonably normal, an individual with a clean alimentary canal will not take cold.

TO RELIEVE ITCHING.

Many different local medicaments may be employed to relieve severe itching, which is usually called pruritus. Pruritus ani is one of the most torturing of so-called minor ailments. In no other condition has the overworked phrase, "Remove the cause," such significance as in this trouble. If itching depends upon a lesion elsewhere or is of constitutional origin, the appropriate treatment suggests itself.

Fresh pine tar is an effective remedy in relieving intolerable itching although it is far from being esthetic. It is curative as well as soothing. Carbolic acid solutions relieve itching, but are likely to produce excoriations of the cuticle when used strongly and thus produce disagreeable after-effects. It is best to employ carbolic

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acid with glycerin or some oleaginous preparation.

To relieve the itching produced by the bites of mosquitoes, "chiggers," etc., the spots may be touched with pure carbolic acid and immediately neutralized by an application of alcohol. Oil of peppermint or a strong menthol solution may also be of much value.

Spirits of chloroform reinforced with chloral hydrate may be applied to itching parts on any portion of the body. This mixture should not be applied lavishly to the face, especially of thin-skinned people, lest it go more deeply than you desire. Menthol in alcohol or chloroform is effective in many types of itching.

In the intolerable itching of anal pruritus it may be necessary to touch the affected parts with a 20 per cent. solution of silver nitrate in order to sear over the nerve terminals. It is seldom necessary in these distressing conditions to resort to the electric or actual cautery. It is better to begin with benign remedies and increase their potency until relief follows. In the majority of cases of itching of whatsoever kind the patient is manufacturing and excreting poisons upon which the trouble depends.

ARSENIC.

Arsenic is "good for" many conditions, and if price happens to be a matter of any moment, that objection cannot be raised against this remedy, for it is cheap. Many cheap drugs fall into almost disuse by reason of their very inexpensiveness. Potter has made the statement that if sulphur was a dollar an ounce instead of ten cents a pound it would be more extensively used.

Of the several preparations of arsenic the arsenious acid and Fowler's aqueous solution are its best representatives. The U. S. P. liq. acidi arsenosi is a one per cent. solution and is simialr to Fowler's popular solution.

The long suit of arsenic is in chronic malaria, and its concomitant, neuralgia. In doses of from two to five minims of the solution, or 1/80 to 1/15 of the acid, arsenic is a valuable remedy in neuralgia of the fifth and intercostal nerves, chorea, paralysis agitans, chronic arthritis, malarial cachexia, enlarged glands, obesity due to defective assimilation, diabetes, albuminuria, and as an adjunct to iron in many types of anemia.

In fact wherever there is a faulty metabolism, impoverished blood and a general run-down systemic condition arsenic in appropriate doses may be of signal service. In functional impotence it is one of our very best remedies and may here be supplemented by phosphorus and strychnine. It creates a mental sense of well-being, and is very useful in melancholia and neurasthenia.

Arsenic is one of our best all-round remedies in chronic eczema, particularly the dry, scaly type. It must be given persistently for this trouble, and good results cannot be expected short of a month or longer. In fact, the case may seem aggravated by the treatment during the first few weeks. Iodide of potassium goes well with arsenic in cases of chronic eczema. The same treatment is indicated in psoriasis, lichen and several other skin diseases. Any dermal affection in which the skin is dry showing a defective circulation will be benefitted by arsenic. The circulation and nutrition of all the layers of the skin are reached. Judiciously employed it is a most valuable cosmetic drug for those persons whose dermal covering is lifeless and lacking in the natural oily secretions.

Fowler's solution in four or five drop doses after meals will, as a rule, increase the appetite. If it should produce slight nausea or colicky pains at first the minimum dose should be employed and gradually ascended until a measure of tolerance is established. This is the old method of treating chorea, beginning with a small dose and increasing one drop each day. Children, as

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a rule, readily acquire tolerance to the drug, and ten to twenty drops or more daily may soon be taken.

Arsenic should be administered generally on a full stomach. The solution should be taken well diluted, and when the acid is taken it should be followed by a copious draught of water. There may be mentioned one exception to this rule of administering arsenic. When there is nausea and gaseous eructations Fowler's solution may be given to advantage in two or three drop doses, well diluted, an hour before meals. Its antiseptic properties are here exerted in a helpful manner.

In acute nervous derangements where there is an exalted condition of brain and nerves arsenic in full doses is contra-indicated.

TO ARREST HEMORRHAGE.

It is almost an axiom that compression properly applied will always arrest a hemorrhage. There are few accidents of this sort that cannot be controlled by mechanical measures. Persons with impoverished blood and a low percentage of hemoglobin may die in spite of everything that can be done.

Postpartum hemorrhage is a condition so appalling as to make the doctor's hair turn gray in a twinkling. If you, doctor, ever criticized or commented unkindly on a physician who has lost one of these cases, we admonish you not to do so again. It is likely to happen to you some day. Fortunately this hemorrhage can usually be controlled. Knead the uterus through the abdomen with a cold hand, and if the case is severe introduce the other hand into the uterus and clear away clots and debris. It is a dangerous thing to put the hand into the just emptied uterus, but you must now choose the lesser of two evils. Throw a stream of hot water into the uterus as the hemorrhage abates and apply a tampon saturated with vinegar or acetic acid. After this comes your hypodermics. While the first part of this program is being carried out assistants should give the patient ergot and brandy if she is able to swallow.

Nasal hemorrhage is often alarming. It can nearly always be arrested with astringent tampons and compression. It may be necessary to plug the posterior nares in the old way by threading a soft rubber catheter and introducing through the nares into the pharynx.

Atropine hypodermically is perhaps our best systemic remedy. Give in sufficient dosage to flush the capillaries and relieve congested internal blood-vessels. Cotarnine phtalate is a corrective of some of the conditions on which hemorrhage depends, particularly from the uterus.

Lung hemorrhages are always alarming and sometimes prove fatal. The patient should assume a recumbent position and cold applications to the chest be made. A hypodermic of morphine is likely to allay the hemorrhage. A little atropine will supplement its action, especially if the patient be full-blooded. Also give the patient a teaspoonful of table salt. Let him suck a piece of alum. It will at least help to allay his fears and give him mental occupation.

In exsanguinated conditions the transfusion or infiltration of a saline solution is always to be commended. High enemas of salt water can usually be conveniently and quickly made and may be of great value.

RUST.

Rust, like dirt, is a bad thing when it gets out of its place. A rusty scalpel or hypodermic syringe does not speak well for the doctor. Rusty accounts are likewise bad. It is better to have smaller bills and not let them get rusty. Our brains all get rusty if we don't keep them polished up. Let's try to obviate rust all along the line.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

AN IMPORTANT SUBJECT.

By George F. Butler, M. D.,

It is conservatively estimated that 30,000 males are daily infected with venereal poison in the large cities of the United States, a majority of whom are residents of inland towns, whither they return to spread the seeds of the disorder.

The fact that several thousand copies of a little work on the "cure of venereal diseases" are sold every month at $1 per copy, and that other works of this class sell in proportion, shows conclusively that there are several thousands new victims every month. No patient wants more than a single work, yet $20,000 a month does not equal the sales of these works, and of course falls short of the number of victims, for none but patients who are, or think they are, afflicted will pay thus dear for so small a book of no manner of interest to those not diseased.

In addition to these there are thousands of men who consult physicians and quacks, and take patent medicines with the hope of being cured of some venereal disease.

This desire to be cured is laudable for there is nothing more menacing to the individual and to society than these diseases. Fifty per cent. of all cases of sterility, 90 per cent. of all blindness, and over 60 per cent. of operations upon married women are the result of some venereal disease. This infection stands as the prototype of evils made possible by the ignorance of the public. Venereal disease is not confined to the terrain of prostitution where it originates—it spreads beyond the purliens of vice, and invades the habitations of virtue; even the sanctuary of marriage affords no safeguard against its soilure. It collects about the very sources of human existence; it pollutes the fountains of life; it befouls the sacred function of maternity; its defilement clings to the innocent infant ushered into the world. It is especially needful that the muck of venereal infections should be cleared away from marriage, the breeding place of humanity, so that the springs of heredity may be kept pure, and children no longer be deprived of their rightful heritage of vitality, health and vigor. The public should be instructed through proper channels and by competent persons that the introduction of these diseases into marriage constitutes its chief social danger, and at the same time makes up the saddest chapter in the martyrdom of women. It is a disgraceful anomaly in State medicine in the United States of America that the most persistent of all contagions, the most prevalent of all excepting measles, the most costly and dangerous of all in the aggregate, barring none, should have no official existence. The day must come when the suppression of these diseases shall rank in sanitary importance with the destruction of the mosquito; when the culture beds of the "red light district" shall be looked after as carefully as the drainage of stagnant and polluted waters. But I did not intend to contribute a paper this month on the ill effects of venereal diseases on the individual and society in general.

I wish more especially to point out the danger of self-treatment or treatment by other than a skillful physician of unquestioned honesty. Many a man has ruined his constitution and become an invalid for life by attempting to treat himself or by falling into the hands of unprincipled doctors and quacks.

There is another class of men, particularly young men who in their desire to keep their own secret, doctor themselves, much to their detriment.

Many a boy or young man has been frightened into nervous and mental breakdown, and not infrequently has been driven to suicide by reading books on "Lost Manhood," etc.

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The reading of such literature is frought with unmixed evil. The first design is to effect the sale of the book, or to advertise some quack doctor or remedy, the next is to mislead the reader, to work upon the fears, under the guise of "frankness" and "humanity," and when the mind is wrought up to a pitch of frenzied terror of impossible things, to propose "a remedy efficient and certain in all cases, by reason of the fact that the writer has had a life-time's experience and success, his studies having led him to investigations and remedies, in the prosecution of which a fortunate accident led to a series of discoveries of incalculable value, and that out of sympathy for the misfortunes of the young, this mode of living usefully has presented itself."

Sometimes a man constitutes himself a "Society," under some taking title, "Benevolent," "Humanitarian," and the like, and advertisements, carefully worded, containing expressions of great charity and disinterestedness are scattered everywhere, carrying with them influences and results of a most deplorable character. The young man, and the old man, too, are lured by them, first to apply for a circular or a book, sent, sometimes, absolutely free of all cost, with the expectation, but too often realized, that the next thing will be an application for advice. The symptoms are inquired for, then comes a letter enlarging upon the "very dangerous character of the case, but that, possibly by prompt and very close attention, the evil may be warded off, although it will necessarily be very expensive."

Many physicians are applied to, anonymously, for advice. The general tenor of the letter is, after expressing the mortification and self-abasement felt, with the strongest self-accusatory confessions, to say that having expended $10, $50, a $100, and sometimes much more, in taking medicines of some individual, or society, they find that, if benefited at all, it was but transiently, and that their troubles have returned. But while in correspondence with their wily advisers, great care was taken by them to impress on the mind of their victim the disreputable nature of the ailment, to the following result, in cases not a few: Means have been devised by the victims to procure money in an unauthorized manner; how many employers have been robbed; how many parental treasuries have been surreptitiously depleted; how many false representations of needs have been preferred to indulging and confiding parents, may never be known; but that these things have been done on an extensive scale, and that it has been the first step towards actual crime in many a youth, only ending in the penitentiary or the gallows, is certainly true; and that the number is very great, cannot be reasonably questioned for a moment. It could not be otherwise; the youth is alarmed, and sensitive as the young are to such developments, it is not strange that their brains are racked with schemes to procure the ways and means for meeting the remorseless demands of the "doctors" named; and that those who have no means of making or earning money should resort to subterfuges, and to untruthful representations, or to conduct actually criminal, in order to raise the requisite amount, requires no special stretch of the imagination to conjecture.

These pernicious books, with a great show of frankness, give various formulas for making the medicines required; but these are for the most part, known to be inert. This is adroitly done, for the victim in all cases will certainly try what can be done in the hope of avoiding the necessity of exposure, or of consulting his family physician, or the payment of a big fee. When, however, the means prescribed fail, the next impression is that it must be a very aggravated and threatening case, and at once the way is prepared for a consultation and the subsequent demand for a high fee. No medicines should ever be used by the persons themselves, on their own judgment and responsibility; nor should they be advised by any but a thoroughly reputable and educated physician.

But there is another danger. Oftentimes remedies are prescribed by quacks or ignorant or unprincipled physicians that are hurtful to the extent of a life-long disablement. Nor is this all. In the event of failure to cure an apparently uncontrollable desire a bad habit or "weakness" men have been found vile enough to advise as the only means of cure, when marriage was impracticable, unlawful associations, which is but the opening of the flood-gates of vice, leading to the ruin of all that is noble and virtuous and pure; and how greedily the mind would lay hold of the excuse of the necessity of the thing, backed by the coun-

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sels of a medical adviser, all heedless of the utter selfishness of an act which brings a mere conjectural good to self, at the expense of an irreparable ruin to another! No one can fail to see how willingly the mind would lay hold on such an apology as a satisfactory reason for greedily embracing the tempting alternative.

And it may be said without exaggeration, that of all the rash and reckless and demented men, the greatest is the person who allows a single indulgence out of honorable and legalized wedlock. One error in this direction often lights up desires as unsatisfiable and as remorseless as the Norwegian Maelstrom. And not only so, a single error, committed in a briefer time than is consumed in writing this, has been followed, in literally millions of cases, by one of the most revolting of human maladies.

Cart loads of pamphlets and booklets are sent broadcast every year which result in great harm. "To the Unmarried," "Marriage Guide," "Physiological Inquiries," "Young Man's Book," "Warning to Young Men," "Manhood," "Physical Debility," "Skin and Blood Diseases," and periodicals and books with a variety of other titles are sent to men and boys throughout the land. These publications have the same aim, object and end. The program marked out by all of them is essentially the same. In every one of these books without exception, certain symptoms are mentioned (not peculiar to any one disease, but common to a number, or which may exist, and if let alone, would in time disappear of themselves) as peculiar to a state of the system indicative of "a want of capabilities."

Not only would I warn men against this kind of literature, but against the rapacious doctor who would take advantage of a man's infirmities to frighten him into paying an exorbitant fee. The physician who prostitutes his profession by frightening, and then literally robbing the sick, places himself on a level with those monsters in human shape, who, amid the crash and ruin of earthquakes, sack falling buildings and rifle the bodies of the prostrate and dying. "Your money or your life!" is the ejaculation of the "footpad," and it is morally and practically the demand of the rapacious physician. And there are such physicians! You will not only find them among the "advertising quacks" but among the "noted specialists" in our big office buildings in our large cities.

The man who thinks he is "weak" or "diseased" should by all means consult his family physician if he has one or some honest, reputable physician—known in the community to be such. If the case is one he does not feel competent to handle he will refer you to the proper person to treat you. Your family physician is by all odds the safest and best doctor for you to consult. Be frank, and tell him all. Leave your case entirely in his hands and he will do what is best for you.

Never consult an advertising doctor or an unknown man at a distance. It is a thousand times better to consult the family physician at home, him you can trust with safety, as to body and reputation; a thing which is never to be done by men who advertise in newspapers and magazines or who send books free of charge, which treat of any form of disease.

Allow no "free" book on health and disease to enter your house. No man can afford to print a book and pay postage on it for nothing. He expects you to read the book and to be frightened into taking a long course of treatment with him. That is the way he expects to make money.

The diseases and weaknesses incident to men can, in the great majority of cases, be cured if properly treated. But don't be foolish and put yourself in the hands of a strange or advertising doctor to have your "leg pulled" indefinitely. And by no means should you attempt to treat yourself by taking patent medicines.

The common opinion that these maladies are cured by some ready-made, shot-gun prescription recommended by the druggist, barber or some afflicted friend who gives "curbstone advice," or by a brief sojourn at some medicinal springs should be confuted as energetically and as rapidly as possible.

Men should know that the only sure preventive of these diseases is clean living. The young man should be "clean" until he is ready to marry and support a family. The youth should be informed clearly that during a young man's period of sexual probation he has a constant conflict to wage between his passions and his better self, from which conflict he should emerge a victor. The best of fathers and husbands are veterans of such conflicts.

Chicago, Ill.

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DEAD AND NAMELESS NATIONS.

By Robert Gray, M. D.

Breathing the mystic atmosphere of pathetic mystery, superstitious peoples with teeming myriads—the ethereal phantoms of the recordless past—one becomes enamored of the spectral element of circumjacent solitude, and yearns to shriek aloud the pent up feeling no human words can voice.

The visible and unknown ruins scattered far and wide over this fair land comprise a theme of rare and thrilling magnitude.

In 1896 or 1897 the New York Sunday *Herald* contained a two page description of the ruins of a city, large as New York, buried in the sea marshes of the State of Vera Cruz, overgrown by all but impenetrable jungle and forest, replete with regal palaces and temples, demonstrating a civilization that baffles all the skill and ingenuity of modern research to fathom its source or conjecture its end.

The many ruins of Yucatan and especially those of Palenque are more or less familiar to the average historical reader. Yet those that have been lauded with most ardent enthusiasm are "Mitta Palace Ruins" in the State of Oaxaca, though, I think, with a considerable degree of exaggeration, some writers having drawn on the elasticity of the weird subjects so far as to affirm that the fortifications of Mitta would be a model school to modern engineering.

These are features out of harmony with this medley of scientific speculation. The ruins exist and are no mere nomadic mounds, and their pristine structures were never reared by wandering savage tribes.

There is quite a feature of similarity between some Mexican and South American ruins, the dissimilarity being no greater than appears here in Mexico, where some architecture seems to have been more aristocratic at one point than at another; and the stucco painting, some of which is yet in a remarkable state of preservation, was more elegant in some cities than in others.

Let us turn from such scenes of weird enchantment to meditate the unknowable and ponder boldly the veiled shadows of vanished power; for surely some magic majesty dominated where such massive monuments of mortal greatness attest human culture in silent eloquence.

It is possible, ah! more than probable, that the key to the secret of this absorbing mystery hinges on the mythically deemed tradition of "The Lost Atlantis."

In a fragment of Plato's works there is a statement that he learned from priests in charge of Egyptian libraries that the Atlantis disappeared nine thousand years before.

The numerous islands in the Gulf of Mexico and Atlantic Ocean seem to verify such ancient problems, as they really appear to have been the mountain and tableland elements of a submerged continent, while much of Mexico and the Pacific side of the United States have features of not remotely ancient upheaval. Perchance the lofty plateau of Mexico and its environing mountains of eternal snow rose from the fairest land of fruits and flowers that ever bathed in the genial sunbeams of the torrid clime, while all but those island remnants of a vaster element of the lovely realm went down to become the profound basin of the sea.

Then it were rational to believe that in such remorseless convulsion all human existence was blotted from the page of life and the cities, not in the upheaved nor submerged belts, were in a moment transformed to sepulchres of their annihilated inhabitants, with none spared to transmit, not even in legendary prattle a semblance of the shadowy memory of their mournful story.

I have meditated on all this so long and intensely that my senses reeled and my brain seemed on fire, not in the cosy comfort of my mosquito-proof office, but in the ghastly shadows of monumental ruin, when midnight solitude bade me scrutinize the vast and wondrous tomb with bated breath.

Yet not one spirit deigned to appear of the countless millions. Superstition avers that flit in the spectral atmosphere; and I am positive that nothing spiritual ever materialized to the open-eyed and wakeful recognition of human sensibility all such pretentions being based in error on fraud, most likely and frequently the last.

The appalling and frequently recurring earthquakes on the Pacific Coast of Mexico and the United States seem to be premonitory of pending catastrophe of stupendous annihilating proportions that may depopulate half the continent in a moment, a possibility equal to the awful trumpet call

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of doom's day, yet one that may be as remote as the fiery end of our old world.

I have indulged considerably in supernatural disquisitions, that found their way to SUMMARY readers, and dwelt elaborately on the charming themes of electricity and suggestive medication, as emenating from the mortal heritage of divine inspiration, which I need not repeat here.

I have written of ruins herein because many practitioners have written me asking me to write such papers, which happens to fall to the due lot of SUMMARY pages.

I read with avidity stray tramp articles that somehow get dovetailed into current medical literature, and tire impatiently of Case No. —, Mrs. So-and-So.

I have recently read editorials and some contributions in August (1909) medical journals, dissecting and portraying in glaring colors the shameless monstrosity of appendicitis, that should sink profoundly into the depths of every medical soul. When I was a young man such things were no part of clinical nor surgical dreams, and are no more legitimate and necessary now than they were then. I have not found one patient since the fad came in vogue that required such operation, for whom I have diligently searched among the thousands I annually treat for one cause or another.

My faith in the irradication of disease conditions steadily increases; and I am much gratified to know that many brainy men, in advance of their time, are in the same unpopular boat with me, where we can afford to drift in the bfeeze of contempt while the grand evolution of science is developing what we are not endowed to unfold.

The isolated idea of masterful import in a solitary brain is a sterile embryo; but ignite its spark in a hundred thousand aggressive minds, and there will soon be a commotion on earth.

In medical science the "impossible" is unrecognized. The difficulty of a grave problem may be admitted, while the process of its solution proceeds.

We are an intrepidly nervy fraternity, prying into every kink and cavity of human anatomy, in quest of latent or interdict of truth, to be manipulated by clinical sagacity, while proving to a finish the extreme possibility of highly perilous chemical substances, and how to employ them so as to modify or dominate disease emergencies without increasing the danger to the life of the patient.

Such is the ethical therapy every practitioner needs to compress into his cranium and carry in his armamentarium, if he would successfully cope with the angel of death, where every classical hope has fled.

It is no reason to justify indolence and indifference that you are obscure in the sequestered haunt of rural backwoods practice. In just such lot, where the inevitable force of relentless circumstances compel you to rely on yourself in desperate emergencies, you may render the profession priceless service. Jenner accidentally discovered the magic virtue of cowpox in a country house; and my lamented friend, Dr. Ben. H. Brodnax, discovered the precious property of pure carbolic acid in a Louisiana hamlet, that has developed such multifarious applications of sterling usefulness that it would munificently sustain the most remunerative special practice known to medical science. Pure and compounded with chloral hydrate camphor and olive oil, it serves me more than fifty useful turns that no substitutes would render so effectively. I accidentally discovered through the blunders of ignorant people that what materia medica and text-book rules of practice designate lethal dosage of perilous substances beautifully dominate pernicious fever and septicemia harmlessly to the patients, as I have told the profession too frequently and recently to require repetition here.

What I timidly confessed as renegade practice some years since I now boldly and fearlessly affirm the true clinical therapy of all medication. I now use no formula and adhere to no rule of practice learned either in my American or French alma mater, employing even castor oil compounded with olive oil, lemon juice and sodium chloride.

Nine-tenths of materia medica and all text-book law is unscientific, the spurious spawn of antiquated ignorance. This implies no fling at the princely pioneers who first explored the medical realm, yet there is no more reason that we of this progressive age should cling tenaciously to the meager landmarks or finger boards they established as our law and guides than there is that navigation should continue to employ the puny craft in which Columbus dis-

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covered America, equally venerable as any and all of the bequests of Galen and the others to medical science, when we consider services rendered posteriorly.

We now have a new chemistry that has revolutionized everything Galenic as radically as the floating palaces of to-day have distanced the lagging fragile hulks of Columbus; and it were idle folly to deny or combat this indomitable truth.

It were well and wise for the American profession to realize and recognize that the new chemical concentrations, isolated from the crude Galenic substances, were subjected to the most crucial skeptical tests, approved and baptized by the French Academy of Medicine.

I was probably the first American who ever used the substances, a classmate in Paris sent me, which I would have contemptuously flung into the trash pile but for the certificate of said academy of medicine that came in the package, which induced me to prove them with results that prompted an order for a liberal supply, that led to their absolute adoption in my practice ere they had an orphan child's chance in the United States, where I now get my stock, equal to the French.

The interest of manufacturing chemists and druggists is a matter of supreme indifference to me, as my mission is to dominate disease and prolong life. I never write a prescription, and buy the highest grade chemicals made, regardless of price or frabricant; and have 85 per cent. of desperate patients I formerly lost, and that all the world now loses, with the slops I then employed restored to health, amply justifying my radical departure from the beaten track of current practice. And there are tens of thousands of practitioners doing just what I do in greater or less degree, whose numbers daily increase.

The medical fraternity is so easy to exploit and mislead that new chemical companies with new preparations are multiplying with incredible rapidity, possibly not without some merit, yet entirely unnecessary, as we now have a muchly inflated materia medica. Antipyrine is marketed under half a dozen or more names, while the active element in most headache and antipain powders and tablets is acetanilid, which the skillful practitioner could use alone more prudently and cheaply.

The ruins of the ancient palace of medical science will soon be as dilapidated as are those of Dead and Nameless Nations, eternally entombed beneath the artistic structure of modern progress and development; for it is not in harmony with scientific exigency that things no longer supremely useful should command vital support. It is not for want of appreciation of such primitive essays that the original spinning Jenny and steamboat and yarn string telephones are no longer the models in vogue; nor is it any more sacrilegious that pioneer formulas and rules of medicine should be relegated to the chaotic ruins that modern progress had made of the stage coach, the reaphook, the scythe and cradle and all other farm and factory utensils of a hundred years ago. We of the medical realm surely are not the most stupid and benighted class on earth. Why the narrow-minded pernicious American farmer has become the son and patron of science, when not willingly then by the influence of inexorable circumstances in a competition too sharp to permit him to live from the products of antiquated methods.

Medical science, to the shame of those who who should preserve it as the most noble and ennobling profession on earth, has been prostituted to the basest commercialism, surpassed alone by religious mammon. Chemicals originally inferior and adulterated trash and viler substitutions have been the clinical Waterloo of the profession, which compounders and dispensers propose to barnacle legally on practitioners, and have practically fastened to the limit of the usurped authority of association manipulators.

Preventive and abortive medication will be the practice of the near future. Health and long life will become the watchword of mankind. Buttermilk and whey will destroy the bacillus of decay in the vital tissue, that causes the decline of natal vigor deemed "old age" or "superannuated" weakness—the living, breathing octogenarian activity that bends over this page being an illustrious specimen of man who grows not old with the lapse of heavily journeying years.

Pichucalco, Chiapas, Mexico.

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WOUNDS OF THE CHEST.

By J. L. Wolfe, M. D.

Wounds of the chest are divided into penetrating and non-penetrating. A penetrating wound is one which opens into the pleural cavity or mediastinum. Pneumothorax with hemorrhage into the pleural sac may occur, however, without an external opening, as when after a contusion of the chest a rib is fractured, causing rupture of the intercostal artery and penetration of the lung.

Contused wounds of the chest may be accompanied by fracture of the ribs, lacerations of the muscles, or followed by pleuritis, with or without either of the above complications.

Non-penetrating wounds of the chest, whether incised, lacerated or punctured, are treated as directed for such lesions in other parts of the body. The same may be said of gunshot wounds, which do not involve the bony framework of the thorax, or pass into the cavities.

Penetrating wounds of the thorax are dangerous in proportion to the size of the entering substance, and the direction and depth of the track of the wound. Punctured wounds, not involving the heart and great vessels, are not usually fatal, while death is apt to follow even small lesions of these organs. Incised wounds are more dangerous, while gunshot wounds are still graver lesions.

Passing in any direction into or through the mediastinum a gunshot wound is apt to inflict fatal violence. In the lungs and pleura, the prognosis is not so grave, being proportionate to the size of the missile and to the nearness of its approach to the great vessels at the root of the lung.

Again, if a rib is fractured at the point of entrance, the gravity of the prognosis is increased from the lodgment of particles of bone driven into the lung. Wounds produced by missiles of smaller caliber, not fatal within a few hours, are apt to end in recovery.

Penetrating wounds of the chest involving the lungs are accompanied almost always by bleeding from the mouth, dyspnea, and by the passage of air in and out through the wound with each respiration. The dyspnea is due to blood in the bronchial tubes and trachea, and often to partial collapse of the lung, which is caused by the entrance of air through the walls of the thorax.

The admission of air to the pleural sac does not, however, always follow a penetrating wound on account of its small size or the valvular arrangement of the tissues through which it passes. Shock is usually profound if the lung is wounded. A wound of entrance and exit, with the pleura and lung directly between, indicates lesion of these organs. Occasionally, however, a ball strikes against a rib, is defected, and sweeps around the chest beneath the skin and makes its exit at a remote point without entering the pleural cavity.

Treatment.—The arrest of hemorrhage is the immediate indication. This may be hastened by deligation of the extremities. Any bleeding from the vessels of the thoracic wall should be arrested by a ligature. Foreign bodies, fragments of bone, etc., near the wound of entrance or exit should be removed. When hernia of the lung occurs, if noticed before strangulation has taken place, it should be irrigated with 1000 to 5000 sublimate solution and reduced. If gangrenous, the protruding mass should be tied with elastic ligature and the dead portion removed.

Uncomplicated wounds, where the opening is large or where fragments of bone, clothing or any foreign substance has been driven into the pleura and lung, it should be kept open for drainage and treated by irrigation as directed for empyema.

In wounds of the heart the right auricle and ventricle are most frequently injured. Punctured wounds are less apt to prove fatal than those produced by gun missiles. Fisher has collected 452 cases of wounds of the heart, with 72 recoveries.

The symptoms of injury of the heart are those of profound shock. The pulse is irregular, and if there is hemorrhage of the pericardium, symptoms of pressure on the heart muscle is soon evident.

The means to be employed to arrest internal hemorrhage in similar cases may be used here. Quiet should be enforced.

Cedar Falls, Iowa.

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THE OPEN OPERATIVE TREATMENT OF FRACTURES OF THE PATELLA.

By Aimé Paul Heineck, M. D.,
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Continued from October Summary

Prolapse of the Prepatellar Tissues into the Breach.—This prolapse of the prepatellar fibrous tissues between the fragments of the fractured bone, is one of the important obstacles to non-union. The prevention by these intervening soft tissues of the exact apposition of the fragments is one of the most valid reasons for resorting to the open operation. When present, these interposed soft tissues constitute an obstacle to osseous union, removable only, by the open operation.

This fibro-periosteal curtain may overlap the fractured surface of either fragment. In some cases, both fractured surfaces are either partly or completely covered by this prolapsing prepatellar tissue. These prolapsed tissues may be easily removable, may be hooked to the underlying bone. When hooked to the fractured surfaces, their removal is, at times, attended with some difficulty. In many fractures of the patella, be they tear or blow fractures, or due to both factors, the prepatellar bursa is contused. Blood and portions of the prepatellar bursa can enter into the formation of the prolapsed prepatellar curtain, being superimposed upon the aponeurotic tissues.

By the aid of the open operation, all inter-fragmentary soft tissues are easily removable. Bony union presupposes an exact apposition of two osseous surfaces. Blood interposed between the fragments, we do not consider as a foreign body, it being well known that between fractured surfaces the presence of blood is constant. Intervening tissues of other description act as foreign bodies and are productive either of fibrous union or of non-union. We concede that massage relieves pain, promotes the circulation and aids in the removal of exudates, but can it accomplish anything towards the removal of the soft tissues that have prolapsed in the breach between the fragments? The attempt to remove the inter-fragmentary soft tissues by rubbing the fractured surfaces one upon the other is illusory. Interposed soft tissues can be removed only by means of the open operation.

Atrophy of the Quadriceps Femoris Muscle.—This atrophy is due, partly, to disuse, partly to extravasation of blood in the substance of the muscle, partly to associated injury to the muscle and to its contained nerve filaments. By the aid of the open operation all blood extravasates can be removed, fascial tears can be sutured.

The patients regain the use of their limbs in a comparatively short period of time; the period of immobilization is markedly shortened. Active use prevents and overcomes atrophy attendant upon disuse. It is said that "an ounce of voluntary exercise is worth a ton of massage in the treatment of muscle atrophy." Atrophy of the quadriceps extensor femoris is recorded in many cases of old fracture, etc. The early removal of all extravasated blood, liquid or clotted, from the articular cavity and from the peri-articular tissues, limits the liability to the formation of adhesions, intra- and extra-articular in nature.

By the employment of the open operative treatment, all the above mentioned obstacles to restoration of functional integrity can be more rapidly, more effectually overcome than by resorting to non-operative methods of treatment, separate or combined. The open method makes possible the removal from the joint cavity of detached bony fragments; it enables the operator to absolutely prevent the union of the fragments in a faulty position, that is, in a position mechanically interfering with the proper function of the joint; the tendency to adhesion of the upper patellar fragment to the femoral condyles is lessened. Increase in the dimensions of the patella following the open operative treatment is a rarity. Any increase in the dimensions of the patella is very liable to interfere with the adaptability of the patellar and femoral articular surfaces.

In fractures of the patella, as in other fractures, the closer the apposition of the fragments, the greater the probability of osseous union, of osseous repair, and, consequently, the more probable the restoration of functional and anatomical integrity. We know that the patella is a bone of feeble regenerative power, having only one periosteal surface, nevertheless, if the condi-

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tions requisite in other bones to obtain osseous union are secured in fractures of this bone, the same satisfactory results will be obtained.

Is operation at times contra-indicated? If so, when?

Under what conditions is the open operative treatment of doubtful propriety or not indicated?

In formulating indications and contra-indications for the open operative treatment of fractures of the patella, we give only slight consideration to age, sex and occupation. Individuals of either sex, at all periods of life and in all walks of society, need a good patella. However, in this, as in all other operations, the state of the tissues and of the viscera must not be ignored. Such anatomical and physiological deterioration of the tissues may be present, as to compel us to regretfully substitute inferior therapeutic measures to operations of election. The facts can be stated to the patient and he can select between functional integrity and functional disability. Thiem gives only two conditions as contra-indicating operations:

1. Absence of separation of the fragments. (No diastasis.)

2. No loss of extension.

We do not advise the open operation:

1. In fractures of the patella that occur in a diabetic patient. The tissues of diabetics offer very little resistance to infection. They are tissues of impaired regenerative power. Nevertheless, an absolutely bad prognosis need not be given in these cases.

2. In fractures of the patella, occurring in patients having advanced tubercular disease.

3. In fractures of the patella, occurring in patients suffering from well developed cardiac, renal or hepatic disease.

4. In closed longitudinal fractures, with no displacement or with but slight lateral displacement.

In fractures of this type, recovery almost invariably follows the combined use of such measures as massage, immobilization, full extension of leg on thigh, co-aptation of the fragments by retentive apparatus. "Osseous union is constantly obtained in longitudinal fractures of the patella" (Macewen). This statement of Macewen admits of very few exceptions. Meyer used non-operative treatment in all his cases of longitudinal fracture (the diagnosis in each case had been verified by X-rays). He obtained excellent functional recoveries in all of them.

5. Fractures of the patella in which the separation of the patellar fragments is so slight as to be barely detectable, do not call for the open operative treatment. The same applies to fractures in which the injuries to the accessory patellar ligaments are unimportant.

6. Do not operate on patients who prefer to pass their lives partly disabled rather than to run the minimal dangers of an operation.

If operation is not always indicated, when is it indicated?

The popularity of the open methods is increasing. In careful and skillful hands, the dangers formerly incident to their employment can now be said to be non-existent. Kocher himself has become an earnest advocate of the open operative treatment. In von Bergmann's clinic it is regarded since 1893 as the routine treatment for transverse fractures of the patella.

With increasing familiarity with the successive steps of the operation and a better appreciation of a judiciously carried out after-treatment, the results attending its employment are becoming more and more satisfactory.

For this very important addition to our surgical resources we are chiefly indebted to Lord Lister. Lucas-Championniere, one of the pioneers and also one of the most enthusiastic advocates of the open operative treatment for fractures of the patella, states that the first antiseptic operation of patellar suturing was performed by Cameron of Glasgow in 1877. Lister reported his first case in 1877. In 1883, he reported six more cases and then showed clearly that this new method of treatment was followed by perfect recovery, while previous to that time the condition had been looked upon as being, of necessity, followed by lameness. The adoption of this form of treatment, among German-speaking surgeons, is largely due to the efforts of Hackenbrusch, Trendelenburg and Koenig. Trendelenburg performed the first open operation in Germany in 1878. Among the French-speaking surgeons, the following are some of the ardent and most prominent supporters of the open operative treatment: Chaput, Berger, Lejars (Paris), Mayer, Lambotte

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(Brussels), Vallas (Lyons).

It was Berger (Paris) who introduced cerclage.

Our analysis shows the following results:

Miscellaneous Methods—33 cases: Good results, 32 cases; deaths, 1 from apoplexy.

Circumferential Looping—28 cases: Good results, 28 cases.

Apposition of the Bony Fragments and Suturing of the Soft Tissues—240 cases: Good results, 230 cases; fair results, 3 cases; in 1 case though the fragments are 8½ cm. apart, patient walks with but little difficulty.

Bone Suturing—809 cases: Good results, 730; not definitely stated, 50; moderately good, 20; bad results, 10 (1 of the patients had syphilis, 1 had diabetes mellitus); ankylosis, 10; deaths, 5 (1 infection, patient at time of accident was in bad general condition, 1 delirium tremens, 1 pneumonia, 1 pulmonary embolism, 1 infection incident to the operation).

It is our belief that, after ample preparation of the patient and of the operative field, the open operative treatment is positively indicated:

1. In all fresh fractures of the patella in the absence of contra-indication:

a. If the surroundings are favorable—

1. An aseptic operating room.
2. Skilled surgeon, and assistants having "an aseptic conscience."
3. Dependable suture material, rubber gloves, etc.

b. If the patient is in the best possible condition.

c. If the fracture be of such a nature that a disabling defect is to be expected if one resorts to non-operative treatment.

d. When the bony fragments cannot be returned exactly by manipulation to their normal position and retained therein by retentive apparatus.

2. (*a*) In all compound fractures. (*b*) In all comminuted fractures.

3. In all cases associated with considerable intra-articular effusion. The separation and tilting of the fragments is partly produced and partly maintained by the intra-articular effusion, be the latter hemorrhagic or inflammatory in nature.

4. In all cases associated with marked laceration of the peri-articular tissues (ailerons, reserve extensor apparatus). After fractures of the patella, a great distention of the joint capsule is suggestive of peri-articular lacerations.

5. In all cases in which the inter-fragmentary space or diastasis has at any time exceeded 3 cm. This extent of separation cannot occur without laceration of the accessory patellar ligaments, without rupture of the overlying fibro-periosteal tissues. Chaput, as a result of experiments on dissecting-room subjects, came to the conclusion that the interposition between the fragments of the prepatellar fibro-periosteal tissue does not occur if the diastasis fails to reach 3 cm.

6. In such fractures as are very liable to cause serious functional joint impairment; among such may be cited cases in which bony fragments have escaped into the articular cavity. Loose pieces of bone must be removed from the joint. Cases in which lower or upper fragment or both are completely inverted, or other such anomalous cases.

7. In all fractures of the patella occurring in individuals upon whom at one time or other a leg or thigh amputation has been performed. To such individuals complete integrity of function in the remaining limb is of the highest importance.

8. In all fractures of the patella occurring in individuals having some permanent functional impairment of the opposite knee, as, for instance, in a case reported by Mayer. In early life this patient's left knee had been resected. At the age of 35 she fractured her right patella. It was circumferentially looped by the open method. The co-aptation was perfect. Result "very satisfactory."

9. In all individuals who, having sustained a partial amputation of the leg, can for flexion and extension of an artificial limb derive benefit from the preservation of the integrity of the extensor apparatus of the leg. In a case reported by Charters, the lower third of the leg had been removed. Two months later, while walking on crutches, patient fell and fractured the patella of the same limb. It was wired. Complete restoration of the knee-joint movements resulted.

10. In all bilateral fractures of the patella, be they of simultaneous or of successive occurrence. In bilateral patellar fractures, it is reasonable to assume some risk in an attempt to transform an almost certainly dependent individual into a self-supporting one.

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11. In all refractures, in the absence of contra-indications.

12. In old fractures of the patella associated with marked impairment of function, if the functional loss be dependent, wholly or partly, upon one or more of the following factors:

a. Long fibrous union.

b. Union in a faulty position, in a position that mechanically interferes with the proper function of the joint.

c. Absolute non-union.

d. Ankylosis of the upper patellar fragment to the femur.

In the case reported by Erdmann, the quadriceps had contracted to such a degree that without operation the fragments could not have been brought into apposition.

e. Extensive non-repaired lacerations of the aponeurotic capsular and other fibrous tissues. These lacerations hinder restoration of function, increase the fragmentary diastasis.

The patella is only a part of the extensor apparatus of the leg; an important part, we admit, but not the sole part.

f. In all cases in which non-operative treatment has been followed by unsatisfactory results. In operating on old fractures of the patella it is imperative, previous to the apposition of the fragments, that the fractured surfaces either be freshened or that a thin slice of bone be sawn off from each of the surfaces.

In old as well as in all other fractures of the patella, we must, in addition to repairing the tears in the soft tissues, endeavor to obtain osseous union of the fractured bone. This desideratum can be effected only by securing an exact, an accurate apposition of the freshened fractured surfaces. Consequent to the fracture and to the disability which it entails, there develops a retraction and an atrophy of the quadriceps extensor femoris. This muscular contraction, this muscular atrophy, is the most important cause of the great difficulty, a difficulty at times almost insurmountable, which we encounter in our endeavors to approximate, to appose, to reunite the bony fragments. As easy as is the primary suture of a fractured patella, just as difficult can be the suture of an old fracture of the patella. It is convenient from the operative standpoint to classify old fractures of the patella into:

A. Those in which the fragments can be approximated with but little difficulty.

B. Those in which owing to the coexisting atrophy and unusual retraction of the quadriceps extensor femoris muscle, the approximation or rather the exact apposition of the fragments is a difficult feat to accomplish.

In cases in which the fragments can be approximated with but little difficulty, the operation will differ from that performed in recent fractures only by requiring two additional steps.

1. The resection of the inter-fragmentary fibrous callus.

2. The freshening of the fractured surfaces.

It is essential that the inter-fragmentary gap be overcome. To approximate the fractured surfaces pre-operative massage, position and traction, at times suffice. Z-shaped incisions for lengthening of the quadriceps may have to be performed. If these measures fail to secure the relaxation, the lengthening of the quadriceps necessary to obliterate the inter-fragmentary gap, a plastic operation is indicated.

Which is the most universally applicable of the three main types of operation that are now in vogue for the treatment of fractured patellæ?

The results obtained by the employment of any of these three dissimilar operations, osseous suture, cerclage, suture des ailerons, have been, when the operation was performed by competent hands, so gratifying that it is embarrassing to suggest that one of them be abandoned. With each of these different methods, excellent functional and anatomical recoveries have been obtained. Osseous suture has given satisfactory results. Cerclage has secured excellent recoveries. As to the third method, it has been truthfully said: "In fractured patellæ, absolutely perfect results from the standpoint of contour, solidity and function have been obtained, in a relatively short period, in cases in which all suturing was limited to the prepatellar and parapatellar fibrous tissues" (Peyrot). Which ever method be employed, the repair of the soft parts is all important. The importance of this step is emphasized by most of the advocates of osseous suturing. Baerlocher, Bockenheimer, Mikulicz, Oehlecker, Trendelenburg, and others though they suture the bony fragments, never fail to supplement the latter step by suturing of the soft tissues.

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In recent fractures of the patella I have abandoned osseous suturing. I have not yet seen a case of old fracture of this same bone, in which I felt that a good result could not be obtained without the employment of osseous suturing.

To my mind, osseous suturing, as a method of treatment for fractures of this bone, has the following shortcomings:

A. It calls for special instruments.

B. The perforating instrument may break and the broken portion remain embedded in the patella. Annequin reports a case of this nature. The drill broke and a fragment of it was left in the patella.

C. It is a procedure not universally applicable:

1. It is unsuited to the treatment of comminuted fractures.

2. It cannot be used to advantage, in cases in which there is great inequality in the size of the fragments; one very large and one very small fragment. The lower or upper fragment may be that small that they could only afford an insufficient hold to the sutures. In cases of this description, many of the advocates of osseous suture resort to Kuenu's "hemi-cerclage operation." In this operation, hemi-cerclage, the larger fragment is perforated transversely and the binding ligature is passed through this perforation and either through the ligamentum patellæ or through the quadriceps extensor femoris, through the latter if the lower patellar fragment be perforated; through the former, if the upper patellar fragment be the one perforated. Longitudinal suturing of the fragments, frequently, owing to the unequal volume of the fragments or to their multiplicity proved to be a very difficult operation.

D. In cases of abnormally friable fractured patella, attempts to perforate the fragments, may provoke further splintering of the same. The slow elimination of splintered fragments prolongs convalescence, retards recovery.

E. In cases of secondary operation, the fragments may have become so atrophic that they are incapable of holding the sutures.

F. The proper boring in the patella, from before backwards, of channels for the introduction of the sutures, demands experience. At times it is difficult of execution. The perforation of the bony fragments always complicates and always lengthens the operative procedure.

G. It is needless. It adds injury to injury. Equally good if not better results are obtained by less difficult and less laborious methods.

Open circumferential looping was introduced by Berger, of Paris. It is employed by the advocates of osseous suture of fractured patella. In cases

1. In which one of the fragments is too small to admit of perforation previous to the introduction of the silver wire, steel wire, or other employed suture material.

2. In which one of the fragments is too small to be directly sutured to the larger fragment.

3. In fractures with many fragments or with comminution.

4. In cases of abnormal friability of the patella.

It has been and is still extensively employed in the treatment of fractured patellæ, as (*a*) a supplementary measure to osseous suture; (*b*) as a preliminary, or as a supplementary, measure to suture of the prepatellar and parapatellar tissues. By many it is employed as the only operative step in the treatment of fractures of the patella.

The advantages of circumferential looping or cerclage are (*a*) that its employment inflicts no additional traumatism upon the periosteal and osseous tissues. The osseous and cartilaginous surfaces are uninjured by the passing of the circumferential ligature. It respects the skeleton. (*b*) That the ligature material, which loops the patella, is totally extra-articular. It is introduced and embedded in the peripatellar tissues. Should a metallic ligature, such as silver wire, be used and its presence subsequently cause real or imaginary disturbances, the removal of the real or supposed offending agent can easily be effected without opening the articulation. It respects the articulation. (*c*) The method is of easy and of rapid execution. The maneuvers incident to its introduction are extra-articular. It can be used as a preliminary or as a supplementary step to any of the various open operative methods in vogue. It, no doubt, contributes to the exact co-aptation of the bony fragments. As far as it goes, this procedure (cerclage) is safe, logical and serviceable. No special instruments are required for its performance. To our eyes, circumferential looping as a method of treatment, has the shortcoming of insuffi-

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ciency. We use cerclage as a preliminary or as a supplementary measure to suture of the prepatellar and parapatellar tissues.

Study of the literature of the subject, surgical experience and clinical observation have led me to consider that the following are the most universally applicable operative steps to be conjointly employed in the treatment of such fractures of the patella as demand operative intervention.

1. The torn prepatellar fibro-periosteal tissues must be carefully sutured. E. Wyllis Andrews, instead of uniting these torn prepatellar tissues end to end, sutures them in such a way that they overlap one another, that is, they are imbricated one within the other, "shingled as it were."

2. All tears in the parapatellar tissues must be sewed up. It is imperative that all capsular rents be carefully repaired. The suturing of the peri and parapatellar soft tissues has the approval of all clinicians.

3. To contribute to the maintenance in apposition of the fragments, the patella is circumferentially looped by a ligature passed close to its periphery. This ligature is passed so as to be close to the periphery of the bone, so as to hug it as it were. It is inserted in such a way that it lies embedded in the substance of both quadriceps tendon and ligamentum patellæ midway between their anterior and posterior surfaces. If deemed necessary, two such looping ligatures may be used. These different maneuvers are all extra-articular. In some comminuted fractures in which the inter-fragmentary diastasis was slight and in which the prepatellar tissues were practically untorn, I have often limited the operative procedure to looping the patellar fragments and to fortifying the prepatellar tissues with a few V-shaped kangaroo-tendon sutures, not exposing the articular surfaces to inspection.

Should one, if he be an advocate of the open operative treatment, operate on the day, or on the morrow, of the infliction of the injury, or should he wait until the soft tissues have somewhat recovered from the immediate effects of the traumatism?

In all compound fractures of the patella the time allowed to elapse between the injury and the operative intervention should be the shortest consistent with the modern surgical preparation of the operative field.

In compound fractures of the patella our practice is to have the patient conveyed at once to a well equipped hospital. Operation is performed soon after admission to the hospital.

The wisdom of operating immediately in compound fractures is, I believe, unquestioned. It is only in simple or subcutaneous fractures that there is great divergence of opinion among surgeons as to the elective time of operation; not only that, but many individual operators do not, as to the time-interval between injury and operation, observe a uniform practice. In subcutaneous fractures, ample time should always be taken for the preparation of the patient and of the surroundings for operation.

It has been our practice in fresh subcutaneous fractures of the patella, to defer operation for from 3 to 5 days after the injury, being guided somewhat by the patient's general condition and also by the evidences of local trauma. The congestion and inflammatory exudate consecutive to the injury have usually by this time begun to retrogress. Our results having been satisfactory, we are averse to change.

The time interval between the day of injury and the day of operation enables the surgeon to become better acquainted with the patient's general condition, to better familiarize himself with the type of fracture which confronts him, and to better asepticize his operative field. Owing to the wrinkled, thickened nature of the skin of the front of the knee, its surgical purification presents some difficulty.

Should the operative field be rendered bloodless by the employment of an Esmarch bandage? What should be the nature of the anesthetic employed? Local, lumbar, or general anesthesia?

As a prophylactic measure against hemorrhage, or as an aid to secure a bloodless operative field, it is rare for surgeons to make use of the Esmarch bandage, or band, in their operations for fractured patellæ. Thienger and Oehlecker employ it. Its general non-use is evidence enough that clinicians do not consider it of any great assistance in these cases.

The Esmarch's band, applied according to the ordinary rule, interferes, while in position, with the normal elasticity of individual muscles and of muscle groups, may hinder the bringing down of the extensor muscles of the thigh, and consequently render difficult the approximation of the patellar frag-

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ments. The oozing into the articulation and tissues, that follows its use, is another undesirable feature attending its employment. We know of no valid reason for its preliminary use in operations for fractured patellæ.

Chaput, Lotheisen and Stimson have each with success operated fractured patellæ under local anesthesia. Chaput and Stimson used cocaine; Lotheisen employed Schleich's infiltration method. Ranzi in one case resorted to anesthesia obtained by lumbar puncture and subarachnoid injection. Mikulicz in several cases used lumbar spinal anesthesia. Mayer also resorted to lumbar anesthesia.

In Chicago, in operations of this nature, in the absence of contra-indications, we almost invariably use general anesthesia. General anesthesia enables the operator to more thoroughly protect the patient from pain, to better guard against accidental septic contamination, to secure a more complete muscular relaxation, to proceed more deliberately, to modify his procedure so as to better adopt it to the needs of the case at hand.

Perusal of the literature shows that in these operations the employment of general anesthesia is in accord with the practice of European and American surgical centers.

By what type of incision is the operator best enabled to perform the repair work which he deems appropriate and necessary?

Large, methodically carried out incisions are infinitely less dangerous than small openings. The latter fail to fully expose the operative field, do not enable the operator to satisfactorily cleanse the joint, and do not facilitate the careful repair of the lateral capsular and aponeurotic tears.

The single median vertical incision, unless it is made very long, does not admit of easy manipulation of the fragments. The freshening of the old cicatrized surfaces on both the upper and lower fragments either with saw or chisel, is not easily accomplished through it; it does not admit of easy cleansing of the joint. During kneeling, the scar is in the line of pressure, and, therefore, remains tender for an indefinite time. The H-shaped incision has objections. The scar lies directly across the patella.

In operating for fractured patella, I generally employ for the exposure of the parts, a flap having its convexity downwards. The incision commences on a level with the upper margin of the patella, about one inch to one side, from here it passes downwards to a point a little below the apex of the bone, from where it is continued across the limb, and carried to a point corresponding to that from which it started. This incision does not interfere in any way with healing (W. Jacobson and Rowland). It is thought that an incision with the convexity downwards better secures the vitality of the flap than one with the convexity upwards.

These convex incisions afford a good exposure of the parts, facilitate the removal of intra- and extra-articular exudates and extravasates, give good access to the bony fragments and allow of careful repair of all capsular pre- and parapatellar tears. If drainage of the peri-articular tissues is necessary, it is easily secured. With a longitudinal incision, drainage is somewhat difficult.

Is it advisable in these cases to irrigate the articulation; if so, with what fluid, an antiseptic solution, irritating or non-irritating, or merely a bland, non-irritating cleansing agent, such as normal salt solution; or is the mere sponging out from the synovial cavity of the extravasated liquid and clotted blood, productive of the most satisfactory results?

Joint irrigation with irritating antiseptics, such as carbolic acid and bichloride of mercury, we condemn. Any agent acting as an irritant upon joint endothelium, lowers its resistance to infection, predisposes it to inflammation. In flushings or irrigations of the joint cavities with normal salt solution, which solution is in itself unobjectionable, we fail to see much value. Of what advantage can it be to waterlog the tissues?

In operations interesting the pleural cavity we do not irrigate that chamber to secure the outflow of any effusion collected in the pleural space. To accomplish this, reliance is placed upon the elasticity of the chest-wall, the inspiratory expansion of the lung, the ascent of the diaphragm, and the use of a drainage tube. In operations upon the peritoneal cavity we do not flush this space to remove contained exudates and extravasates; we simply gently swab and mop.

In arthrotomy for fractured patellæ we do not irrigate either the joint or the surrounding tissues. All liquid and clotted blood are removed by gauze swabs mounted

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on artery forceps. The swabbing is done with great gentleness, the object being to minimize the trauma inflicted. Scrupulous care is taken to keep the fingers out of the articular cavity. In formulating our conclusion we repeat that though we are aware that many clinicians, for instance, Ranzi, etc., prefer irrigation of the articular cavity to sponging of the articulation, we urge the discarding of joint irrigation and firmly advise dry sponging of the joint. Dry sponging for the removal of liquid and clotted blood from the articular cavity is in these cases productive of more satisfactory results. The sub-quadricepital synovial culde-sac is not to be overlooked, and all liquid and clotted blood therein contained must be removed.

Should non-absorbable or absorbable suture material be used? Are there any valid reasons for discarding non-absorbable suture material?

We refer here only to buried or irremovable suture material. If the suture material be so inserted as to be removable, once organic reunion of the divided tissues has taken place, it matters little (owing to the removability of the suture material) whether absorbable or non-absorbable material be employed.

In fractures of the patella it is not necessary that the fragments be held together with great firmness. Mere apposition is ample. Forcible tying of metallic sutures to some extent defeats its own purpose, as a suture drawn tight can cause in a bone, as well as in other tissues, a local pressure necrosis and absorption.

We consider it unwise to abandon non-absorbable suture material permanently in the articulation or in the peri-articular tissues, because:

a. Clinical observation has shown that metallic sutures frequently irritate the tissues, lower their vitality, increase chances of infection, and may require subsequent removal. In longitudinal suturing of bone, the twisted ends of the suture being almost immediately subcutaneous, kneeling is painful. To avoid this post-operative annoyance, some operators perform transverse suturing of the patella.

b. Metallic sutures may become loosened, may break, and fragments escape into the articular cavity by which they are poorly tolerated.

c. The embedding of wire sutures in the patella does not add to the solidity of the patella.

d. Non-absorbable sutures, be they inserted transversely or sagitally, cannot be considered permanent splints.

Von Brunn, as a result of his investigations, came to the following conclusions:

1. Silver wire has not sufficient resistance to guarantee bony union of the fragments.

2. Even when the fragments are healed together, the wire may break.

3. Parts of the broken wire may wander into the articulation, or into the peri-articular tissues and can excite disturbances at point of lodgment. It has been claimed by Thiem, etc., that metallic sutures suggestively hinder, in some patients, the cure of the subjective troubles.

Shall completely detached bony fragments be removed? If completely detached bony fragments be present, their removal is one of the essential steps of the operation. It has been repeatedly done, and satisfactory results have ensued. The escape into the articulation of completely detached patellar fragments and their non-removal therefrom, leads to all the functional and anatomical articular disturbances inseparably associated with mobile foreign joint bodies?

Shall the peri-articular tissues be drained? In order to allow the escape of excessive wound secretions, many clinicians, Hackenbrusch and others, though they did not resort to tube or gauze drainage of the peri-articular tissues, always left the ends of the skin incision open. It did not unfavorably influence the ultimate results. In clean cases, subcutaneous drainage is needless. Its employment serves no useful purpose. It retards the healing of the skin wound. Why complicate an operative procedure by a useless step??

Shall the articular cavity be drained? In simple fractures, no. In compound fractures, yes. Articular drainage should be discontinued as soon as the surgeon's fears as to the development of a suppurative arthritis have been dispelled.

The modern tendency is to employ drainage only in the presence of absolute indications; and to discard it, when in doubt, as to its utility in the case at hand. When unneeded, drainage instead of contributing to rapid aseptic healing, has a tendency to act as an irritant. In the etiology of inflammation, irritants are considered pre-

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disposing and exciting factors.

What should be the nature and the duration of the post-operative treatment? As yet, the practice of the different operators as to nature and duration of post-operative treatment is most dissimilar. We proceed as follows: Immediately after the operative procedure and the application of the protective dressing to the wound and while the patient is still anesthetized moulded plaster-of-Paris splint is applied to the injured extremity. This splint should be amply padded, should cover the posterior and lateral surfaces of the limb and should extend from about 10 cm. above the external malleolus to the gluteal fold. The object of this splint is to immobilize the extremity in the position of full extension of the leg on the thigh, and of slight flexion of the thigh on the abdomen. The slight flexion of the thigh on the pelvis has for its purpose the relaxation of the rectus femoris muscle. During the patient's confinement to bed attention must be given to the heel and to the toes. So as to avoid the development of a pressure-sore upon the former, the heel should be protected by a doughnut pad or other means. By the use of a "cradle" the toes will not be subjected to the weight of the bedclothes and talipes decubitus will not ensue. In the absence of a marked elevation of temperature, of intense pain, of saturation of the dressings, the protective gauze dressings on the joint remain undisturbed for from 10 to 15 days; then, if indicated, the removable sutures are ablated. The immobilizing splint is kept in position for about a month.

As to the duration of immobilization, the practice of the various operators is far from being in accord.

The first motions of the patella should be lateral motions. We do not begin flexion of the leg upon the thigh previous to the expiration of one month from the day of the operation. The first attempts at flexion should be cautiously made. With use, the range of motion gradually increases; in many cases the restoration of joint function is complete. When flexion to a right angle has been recovered, the patient is discharged from further observation.

872 S. Trumbull Avenue, Chicago, Ill.

HEADACHE.

The ubiquitous migraine tablet has almost caused us to forget all the other remedies for this old trouble. Cannabis indica is not a bad remedy for headache. An assayed fluid extract may be given in doses of 1 to 3 minims. A good tincture is made by dissolving one ounce of the English extract in a pint of alcohol. The dose of it is 1 to 15 minims. Sodium bromide is useful in aborting or ameliorating attacks of headache. Large doses are necessary. Less than ten grains will do little good. Sweet spirits of niter, aromatic spirits of ammonia and other mild alkaline medicaments are sometimes serviceable. Camphor is in a measure both sedative and stimulating. Aconitine and other circulatory sedatives will help to lessen the cerebral hyperemia. Caffeine helps some, but increases motor excitation. A hypodermic of codeine administered early may abort an attack, although we do not advise this practice for obvious reasons. If the stomach seems to be full give an emetic. A colonic flushing generally has a salutary effect. Mustard plasters are common, but always do good work. While an internal remedy is taking effect rub on the patient's head a dope made of chloral hydrate and menthol dissolved in chloroform. Rub in thoroughly and use a little suggestion with it. Good results are sure to follow your pains and the patient will call you a good doctor. She will want you the next time. By the way, if the mixture just mentioned contains much chloral do not rub it into the face too freely, as in treating neuralgia, or something akin to blistering may take place. Any woman would rather endure a thousand headaches than have her face temporarily marred. For several of these suggestions the writer has had to percolate his cranium by embarrassing experiences. We can do a good many things for the headache patients beside giving them acetanilid, although the latter is what many of us do when we are in a hurry.

Guaiacol carbonate is still probably the most efficient remedy to be found for pneumonia. It is expectorant and antiseptic and helps to prevent the catarrhal condition of the stomach and bowels so often caused by pneumonia.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

MEDICAL CHIPS

Hemorrhoids.—Dr. Geo. B. Evans, of Dayton, Ohio, says that the palliative treatment of hemorrhoids by proctologists is largely a matter of enforcement, viz.: where they are not permitted the opportunity to relieve by radical methods. The operative methods of removing hemorrhoids are so well understood, simple and effective, that it is foolish to attempt to relieve them by drugs or palliative measures.

Protoscopic Examination.—Dr. Geo. B. Evans says protoscopic examination is of importance, and is a distinct advance in rectal work. It is of great assistance in determining disease beyond discovery by ordinary methods. It is of distinct service in diagnosis, and of great value in aiding treatment in not a few conditions.

Hemorrhoids.—The Allingham, or ligature method of treating hemorrhoids, when correctly and carefully performed, is generally applicable, but is not so free from pain and so quickly convalesced from as the clamp and cautery method. Many regard the last mentioned method as the one to be preferred. I believe, however, that the enucleation method approaches nearest to the ideal in results, and that the retention of the plug is not so painful as some would have us believe.

The Use of the Morning's Milk for Infants.—Berger says that when possible the morning milk should be used for infant feeding, as it is much more fresh and contains fewer bacteria than the milk of the night before. It must, however, be remembered that this milk is poorer in fat than the evening milk, and must therefore be given in somewhat larger quantity.—*Medical Record.*

FORMULA FOR NOBLE'S ENEMA.

This formula first published by Dr. C. P. Noble, of Philadelphia, is highly recommended by him for producing the most positive results in paretic bowels. It consists of magnesium sulphate 2 ounces, glycerin 2 ounces, turpentine ½ ounce, and water enough to make 4 to 8 ounces. This enema is recommended highly when there is a difficulty in obtaining a movement of the bowels after a surgical operation.—*Indiana Med. Journal.*

PRURITUS ANI.

The following is an excellent application in cases of pruritus ani:

℞ Hydgr. chlor. mit.....3i
Balsam Peru 3iss
Acid. carb. .....gr. xx
Lanolin 3i
M. Fiat. ointment.

Sig.—Apply once or twice daily after sponging with hot water.—*N. E. Med. Monthly.*

FLOWERS IN THE OFFICE.

If "flowers are a proud assertion that a ray of beauty outrivals all the utilities of the world," to quote Emerson, then they should be seen more frequently in physicians' offices. Far better to take out the old prints and the cheap lithographs, and substitute something more pleasing to the eye and the mind. A dainty nosegay in a delicate vase placed in the waiting room will do more to tranquilize the patient than anything else usually found there in the shape of "ornaments." This year flowers are plentiful. A little practice in arranging them artistically and, therefore, simply, will be worth while. Tell this to the female genius who presides over the office. —*Lancet-Clinic.*

AGARICIN IN NIGHT SWEATS.

Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost by magic, with a single dose. It operates by diminishing thirst and increasing the

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secretion of urine. The dose may be pushed to the extent of one grain in the course of twenty-four hours. The single dose for an adult is from one-eighth to one-fourth of a grain.

FOR ECZEMA.

The following formula has been used for a number of years by a prominent physician, and he claims it to be one of the most universally helpful preparations for most forms of eczema:

℞ Ammoniated mercury...gr. x
Olive oil 3j
Zinc oxide 3j
Lanolin .....ʒii
Oil of wintergreen ....gtt. x.

To mix, triturate the ammoniated mercury with the olive oil; melt the lanolin and stir the powdered oxide of zinc into the melted lanolin until cold. Triturate this with the mixture of olive oil and ammoniated mercury, and lastly add the oil of wintergreen. Directions: Apply at night —*Columbus Med. Journal.*

There exist a number of cutaneous disorders, which in the main, are due to a general bad state of the tissues. It is in these that a general up-building process must be inaugurated in order to heal and improve the local cutaneous disturbance. It was formerly the custom to order cod liver oil, with good results. To-day, it is equally advantageous to give the cord. ext. ol. morrhuæ comp. (Hagee), which acts not only as well but better, and is devoid of grease.—*American Journal Dermatology.*

TREATMENT OF DYSPHONIA (HOARSENESS).

The voice should be used as little as possible. The cause should be ascertained and removed if possible and the following gargle can be employed in case of emergency when it is desired to use the voice in singing or speaking.

℞ Acidi tannici .....gr. xl
Boroglycerin 3iss
Tinct. capsici .....m. xx
Infusi rosæ .....q. s. ad. ʒv.

M. Sig.—Use frequently as a gargle.—*Jour. A. M. A.*

CHRONIC BRONCHITIS.

If chronic form is assumed, with or without asthmatic respiration, grindelia as in annexed formula will be found of value:

℞ Ext. grindelia robust 3iv
Glycerin,
Syr. tolu .....āā ʒj.

M. Sig.—A fourth or half teaspoonful for young children.

FOR PAINFUL PILES.

For painful external piles avoid all straining when having a bowel movement; keep the bowels thoroughly moved each day by taking a teaspoonful of cascara sagrada at bedtime. Wash the parts twice daily with hot water and carbolic soap; sponge off in cold water and apply the following ointment:

℞ Ung. acid. tannici .....ʒiss
Ung. belladonnæ .....ʒiss.

M. Sig.—Apply locally.

TREATMENT OF GOUT.

Colchicum is regarded as one of the best preparations in this condition. It is said to be much more effective when combined with purgatives or when the bowels have been previously purged. The following combination is frequently used:

℞ Vini colchici .....ʒss
Mag. carb. 3i
Mag. sulph. .....ʒss
Aq. menth. pip. ..q. s. ad. ʒvi.

M. Sig.—A teaspoonful every four hours while the pain is severe.—*Jour. A. M. A.*

WATER BRASH.

For the relief of water brash give the following:

℞ Sodii sallicylicat. .....gr. ij
Pulv. zingiber .....gr. ij
Pulv. capsici .....gr. 1/10
Cardmon. comp. .....gr. ¼.

M. Ft.—One tablet, trit., No. 50.
Sig.—One tablet after meals.

Injections of 1 per cent. solution of resorcin in cystitis have been found, by Prof. Bartholow, to be very beneficial, especially in those cases due to obstruction at the neck of the bladder by an enlarged prostate.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

COMMENTS ON DR. ELI. G. JONES'S ARTICLE AS REGARDS DRUGLESS HEALING IN JUNE SUMMARY.

Editor Medical Summary:

Dr. Jones is a forcible writer and logical reasoner. He has in the article brought out forcibly the growth of drugless healing, and also brought out some remedies calculated to retard the growth and operate at the same time to the preservation of ourselves. However, I do not believe that the death rate is on the increase. I firmly as ever believe that it is on the decrease. However, the table of Dr. Jones's schedules show an increase. I for one ascribe it to a more complete statistics of later years; the death rate in percentage is no doubt on the decrease. We save a larger number of children than in former years, especially as regards the diseases incident to hot weather, as cholera infantum, etc., and the more we save in diphtheria than in former years is not to be compared.

I loathe very much, as does Dr. Jones, the superlative stress laid upon surgery, and the diminutive stress laid upon the practice of medicine, materia medica and theraputics in our medical colleges. Fifty per cent. of the time of the last two years of college work is consumed by surgery. I am not one to belittle surgery; give it its requisite amount of attention, but not curtail the time that should be devoted to practice of medicine, obstetrics, materia medica and therapeutics for the benefit of surgery. Most college curricula need a thorough revision upwards as regards the time alloted to therapeutics. Until that is done the colleges will continue to turn out physicians with an abundance of technical knowledge tending towards therapeutic nihilism, and not enough that have an abiding faith in therapeutics. Medical legislation has been made more and more strict. It is harder to get into college and harder to get out, and still harder to get into the legal practice of medicine, and comparatively easy to get into the illegal practice of medicine. They set out to practice and pay no attention to the law, and the law pays no attention to them. These strictures that these laws make incumbent upon the physician operate to a greater extent against the general and legal practitioner rather than against the quack and charlatan. The quack and charlatan flourishes and grows like a green bay tree in spite of the laws. The laws are being made with but very deficient provisions to enforce them against the quack. The best method to overcome quackery is to take the advertising away from him. When a quack cannot advertise he cannot exist, as people will believe printed language ten times where it believes spoken language but once. I do not believe that drugless healing will displace therapeutic medicine in such a short time nor too such an extent as Dr. Jones thinks. There will always be a demand for therapeutic healing, even if it does sometimes appear as if it were doomed, but before long will always come out on top in the fracas. In the late 90's and early 1900's this western country went wild with Weltmerism (magnetic healing). Magnetic healers sprang up all through this western country like mushrooms, and it did seem as if therapeutic healing were doomed. To-day Weltmerism magnetic healing, absent treatment, are as dead as the proverbial door nail, all through this western country, and therapeutic medicine is doing business at the same old stand. Dr. Jones says we should not make the blunder in exposing our week points, nor belittle medicine (materia medica), nor one another. This is too true to a great extent. It is done consciously and unconsciously. Dr .Jones in his article makes the serious blunder of belittling a therapeutic measure in these words, "Every death from antitoxin," evidently meaning

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diphtheria antitoxin. Now diphtheria antitoxin does not destroy life, it saves life. The proof of the pudding is the eating of it, and I have proven it to my satisfaction that diphtheria antitoxin saves lives. In fact, I do not know of a single instance of my own observation that death occurred where antitoxin was used, except in one or two instances, where it was used as a last resort. It is a remedy of first resort. On the other hand, I know of numerous instances where deaths occurred where it was not used. One more criticism I have to offer, and that is in Dr. Jones's part of his third proposition, "That we are opposed to useless surgery, and to use surgery only as a last resort." I do not know of one that is not opposed to useless surgery. The difficult question is to beforehand decide whether a contemplated operation is useless or otherwise. There is where the difference of opinion prevails and honestly so. However I believe myself that a great many ovariotomies are useless. Surgery to my mind should not be a measure of last resort, but of first resort in cases where the knife is clearly indicated. But let us not expose a strong point and make it appear weak.

FERDINAND SCHREIMAN, M. D.
Concordia, Mo.

QUERY AND REPLY.

Editor Medical Summary:

Lady aged 62 years, for the last two years has complained of a fatigued feeling in the back of the thighs every morning on rising. There is no spinal tenderness, and she sleeps well. There is no tenderness over the abdomen. She has had chronic liver disease. Will you give me your opinion as to diagnosis and treatment?

There is a book published on acids and alkalies, written by some homeopathic physician. Do you know what it is, by whom published, and the price?

S. H. COWDEN, M. D.
Morrilton, Ark.

[Your description, doctor, is not sufficient upon which to base a diagnosis; a number of conditions might cause the weakness complained of. We suggest your having the muscles of the thighs thoroughly massaged twice a day, on rising and before retiring. See that the feet are kept warm through the night. Examine the urine as to quantity and constituents, and if there is anything abnormal found, put her on alkaline diuretics. The following is good for sluggish action of the kidneys in the aged: Place a liberal handful of freshly crushed juniper berries in a quart glass jar, and fill it nearly full with boiling water; cover, and allow to stand over night; in the morning stir into it an ounce of potassium bitartrate. Let her drink this quart of infusion, in divided doses, in the course of the day. Follow this plan for some days continuously. Keep the bowels in a loose condition, but without purgation. Write us again. Our query department is always open for the service of our subscribers.

We are not familiar with the book you seek, but if you will write to Boericke & Tafel, Philadelphia, Pa., they will be able to give you information on any homoepathic book now on the market.—ED.]

CHRISTIAN SCIENCE AND FAITH CURE VS. MEDICAL SCIENCE.

Editor Medical Summary:

We have a letter-carrier in our vicinity who is an enthusiastic disciple of Socialism, Christian Science, Faith Cure, and the like delusions, and he is a man of good ideas in many ways aside from these fads. He stops to talk with me several times a week as long as his duties will permit, and we have it hot and heavy to the great amusement of the neighbors. Lately he has had a big boil on his nose, and he consulted me about it, so I told him that all he had to do was to believe that there was no boil according to his oft-proclaimed ideas, but this don't stop the pain, nor make him comfortable, because he knows of a patient in the neighborhod who was similarly afflicted, and who got rid of the boil, pain, swelling, disfigurement rapidly under calcium sulphide, calomel and salithia. His nose looks like a headlight in full bloom, and he feels mighty uncomfortable, because the folks around make fun of him, whereas I talk politely and logically in the way of getting him to believe as he tries to get others to do about physical ills. It's a shame, of course, but I don't care how much this thing hurts him—he will know better after it gets its work in. Some six years ago I had two sisters, one of whom was a Christian Scientist, the other a sensible girl. Both took cold at Willow Grove, and in

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each instance neuralgia set in badly and almost unbearable in the unbeliever. She wouldn't take medicine, and I agreed with her, for I told her it was simply a matter of belief—if she made up her mind that she had no ills it would be O. K., but she had a sneaking idea that theory and practice did not work in her as it might in others. The sensible one soon got well under morphia, acetanilid, ammonium carbonate and caffeine bromide. Then after lying awake for a week she (the unbeliever) caved in, and in a day or two her neuralgia left. Her friends of the cult found out about her backsliding, and she had the time of her life in explaining the duplicity. The next one was a fracture of the leg above the ankle—the tibia being pretty nastily broken—an oblique one of ten inches from end to end hard to keep in place. This woman being a great disciple of the Faith Curists let it alone for a week by which time there was an erysipelatous condition which gave her family trouble besides the pain and fever she endured. She stuck it out (woe)manfully, but had to cave in at last. Maybe I hadn't a time with that leg! First the erysipelas had to be fixed, and then the fracture reduced, and it was one of the hardest jobs I ever had. Yet I got her through at last, and you bet she was thankful when her leg was good enough to walk on, which it was in three months. Her experience fired all the Christian and Faith Science out of her, and she is one of the best missionaries among that lot of fools.

Medicine and religion are cursed with more quacks than all the rest of vocations combined. We have a bad time getting along with both.

W. R. D. BLACKWOOD, M. D.
852 N. 23d St., Philadelphia, Pa.

REPLY TO QUESTIONS ASKED.

Editor Medical Summary:

I have been asked by Dr. J. A. Burnett, of Chismville, Arkansas, to give a reply to some questions; here are the questions, and my replies follow:

What is the formula of salo-sedatus, I find that it is a valuable antipyretic and analgesic?

Do you know of many physicians who have never graduated in medicine that have written articles for medical journals?

Is there any other case on record of epithelioma of the clitoris besides the one reported by Dr. F. H. Neuhaus, of Houston, Tex., in the *Journal of the A. M. A.*, July 6, 1907?

Which are most often deformed at birth the male or female sexual organs, and which is most often undeveloped at the age of puberty? I have often noticed deformity of the sexual organs of children such as almost no labia majora or a very thin one, only one testicle, elongated prepuce, etc., infantile uterus at puberty delaying it, and would like to know what sex is most often deformed?

In my question on what are the diagnostic points of value in making an examination of the sexual organs of both children and adults, besides in diseases of these organs, I want to know what a flabby bag means, one that hangs down, a red condition of the mucous membrane of the vulva, hooded clitoris, or prepuce, gangrene of the vulva in typhoid, eruption of the genitals in pneumonia (Osler's Practice, 1904), and various other things that you know of?

Have no knowledge of the formula of salo-sedatus; never used the remedy. I know of no non-graduates of medicine who contributed or are contributing to "current" medical literature.

There are other cases of epithelioma of the clitoris, than the one reported by Dr. Dr. F. H. Neuhaus in July 6, 1907, number the *Journal A. M. A.*, but cannot produce the proof, just now. All skin affections whether cancer, noma, eczema, measles, etc., are caused by the presence in solution in the circulating blood, of a toxin whose biochemic affinity is most readily saturated by its congener at the point of attack. Hence, the remedy is to cause the neutralization of the disturbing toxin, by giving the affinitive congener from the vegetable source. My experience with deformities of the sexual organs is limited to public clinics.

The numerous enzymes of the body, and among the individual ones prompting the developmental phases of the body, are fabricated by the immunizing faculty of the body from the waste proteid of the body.

It can be seen then, that belated development of the pituitary bodies, the adrenals, the thyroid, etc., does account for all over or under size of the individual as well as of any of his component parts.

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A flabby scrotum may mean temporary relaxation of the ordinarily healthy tissues of the body, from work or worry, or other like causes. A red condition of the mucous membrane of the vulva indicates a toxic state of the pelvic portion of the sympathetic or "cerebrospinal excess."

Elongated prepuce and hooded clitoris, at present, are a developmental anomaly.

"Authorities" have given us herpes of the lips, nose and adjacent parts as diagnostic of the pneumonic process being about established; further observation locates the occasional genital eruption in the same disease.

This is another manifestation of toxic blood.

The autogenetic toxins in solution in the blood offer a favorable soil for the propagation of the specific germ of the infectious diseases. The riotous physiology proceeds to a more toxic condition by the bacterial invasion and "pneumonia" is the result.

Gangrene of any part of the body during all grave infections is a bad omen.

It indicates toxicity almost beyond the power of nature to elaborate. Sometimes gangrene is due to syphilis.

JAMES BURKE, M. D.

Grimms, Wis.

ELECTRO-THERAPEUTICS—QUERY.

Editor Medical Summary:

I want to ask your readers, who are using faradic and galvanic wall-plates, to give the following desired information:

Do you consider the faradic and galvanic wall-plate a good therapeutic agent? Are you able to bring about better results in certain chronic cases by its use than with medicine? Is it a good financial investment? What make wall-plate do you use? Did you take a course in electro-therapy, and what text-book on electro-therapy do you use and recommend? Do you have any difficulty to have your patients come to the office regularly for treatment? Do you think a wall-plate preferable to static machine in town where there is no current? Please write direct to me, and I will return postage.

CHARLES P. STEPHAN, M. D.

New Bedford, Ohio.

SOME QUERIES AND REPLIES.

Editor Medical Summary:

Dr. J. A. Burnett submits the following queries and asks for replies to same. Since these questions lead into affairs largely speculative any answer or comment on them resolves itself mainly into a matter of opinion. I have thought it best to number the questions and answer them by number, since, for all I know, you may simply desire to tabulate opinions on these subjects from different doctors:

1. Which is most often deformed the male or female sexual organs, such as hooded clitoris, contracted prepuce, only one testicle, infantile uterus, delaying or disturbing puberty and other conditions.

2. What are the diagnostic points of value in making an examination of the sexual organs of both sexes in other diseases besides sexual diseases. In other words, what does an extremely relaxed condition of the scrotum indicate, an extreme red condition of the mucous membrane of the vulva. Again there may be gangrene of the vulva in typhoid fever or a cutaneous eruption of the genitals in pneumonia (Osler's Practice, 1904).

3. Do eunuchs have a right to vote; do they have to pay poll-tax; can they be forced to work public roads or forced in the army in case of war? If a married man should become a eunuch does this constitute grounds for a divorce? What is the effects of castration and vasectomy of males before and after puberty on both mind and body.

4. What do you think of a law for the castration of certain classes of criminals, also vasectomy of certain classes of criminals, idiots, incurable insane, etc.

1. I have no special data on this point, but so far as my experience goes I have found far more of these troubles in females than in males.

2. I have nothing special to say on this point.

3. I know of no laws relating to eunuchs; they are not common enough in this country to need any I should say. If these questions mean ought they to have the right to vote, etc., I should say, yes. Economically a eunuch is no different from a man who does not marry. I am not certain, but I do not think that it would constitute grounds for a divorce if a man became a eunuch

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after marriage, any more than removal of the ovaries in a wife constitutes one. If he was one before marriage, and the wife was not aware of it until after marriage, I am under the impression that she can obtain a divorce on this ground.

Vasectomy seems to have no bad effect either on the mind or the body. Castration before puberty, and sometimes after puberty, is supposed to render a man more feminine in character and physical make up. While this may be the case sometimes I am not at all convinced that it is invariably so. The only case in which I have had much personal experience was in a young man who had had the entire external sexual apparatus removed, following an accident. I examined him for life insurance several years after the removal of penis, testicles and scrotum. He told me that he did not feel differently in any way whatever. More than this he was expecting to marry; the expectant bride, of course, knowing his condition. His sexual desire was exactly the same as before.

4. I believe in vasectomy for idiots, the insane, and all those, not criminals, in whose cases the propagation of offspring ought to be prevented. In the case of criminals this question is a harder one to deal with. We must consider the fact that there is a certain class of men, and most criminals belong to it, who would be only too glad to have vasectomy performed, if they were assured that it did not lessen sexual power. This operation would remove all danger of pregnancy and enable them to gratify their sexual desires as much as they pleased without this fear of the consequences. It would not lessen the danger of venereal disease or the spread of such diseases in the least; in fact, it seems to me it would increase the spread. A certain class of women remain physically virtuous simply from fear of pregnancy and many of them would accept the advances of a man who had had this operation when they would not do so with a normal man. Since we know that simple castration, the mere removal of the testicles, does not, at least for a time, prevent sexual intercourse, the same ideas hold good in regard to this. Certainly it seems to me that if anything of this sort is to be inflicted as a punishment on criminals the only thing to do is to remove the penis as well as the testicles. This is the only way to prevent the venereal peril. If the idea is simply to prevent propagation then vasectomy will do all that simple castration will do. Knowing how most men fear the loss of sexual power and ability it has long seemed to me that total castration, both penis and testicles, would make a punishment that most men would, perhaps, fear more than any other that has ever been devised. If this is the case, and if we can assume, as we do, that fear of punishment prevents crime to any extent, it seems to me that this would be a good one to adopt in certain cases, rape, habitual criminals, and perhaps some others, murder in the lesser degrees, or in cases where capital punishment is not the penalty.

In cases of this sort we ought, it seems to me, to protect the present generation as well as a possible future one. The evil that these men, and women, do to the present generation is certain. That they will have offspring is not at all certain even if we do nothing; many of them are sterile already. I believe that the time will come when, for the good of all, the law will find it necessary, in some cases, to protect a man against himself exactly as it does now against others. When this time does come the man who cannot control his sexual appetite will not be allowed to continue to be the danger to society that he is now. We quarantine a small-pox patient the moment he is discovered, and keep him in quarantine so long as he remains a danger to the community. Yet we allow syphlitics and gonorrheal patients, who are far more of a danger, to run loose and do as they please. Either of these diseases probably causes, and always has caused, more suffering than small-pox. Any doctor knows that they could be stamped out in a generation or two if properly quarantined. It would be less of a curtailment of personal liberty than in the case of small-pox, for the simple reason that in most cases, except those of innocent wives, these diseases are not contracted except in a criminal manner. Unless, then, a man can prove that the trouble was contracted innocently he is and should be regarded as a criminal. The man who knowingly spreads these diseases does far more damage than any thief; why not treat him accordingly?

In general I believe that this subject of sexual matters ought to be taught in the schools as much as arithmetic, and perhaps

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sooner. Masturbation, for example, very frequently begins before a child goes to school. It is too much to expect that a proper knowledge of these subjects would prevent all trouble, but it would certainly prevent most of it. Why do girls "go wrong" less often than boys? Simply because most girls are taught something, no matter how little, by their mothers, while boys, as a rule, are taught nothing whatever. It would probably be hard work to find a girl or woman who does not know that she ought to be virtuous, whether she is or not; yet I believe that most boys grow up with the idea that it is manly and even necessary, at least best, to know about sexual matters, by experience, before marriage. Most of them are more or less afraid of the "Pox," but they are taught by companions to regard gonorrhea as "no worse than a bad cold." We know that it was not so long ago that doctors had a good deal the same opinion of it.

Ignorance never did anything but harm and proper knowledge never does anything but good, though it may not do as much good as it might. The neglect to teach the truth in these matters is criminal negligence. Personally I believe that the subject is far more important than any of the physiology that is taught in schools. We teach the danger and the prevention of tuberculosis; are gonorrhea and syphilis any less dangerous? Yet we know that the latter are far easier to prevent, since they do not travel through the air. I am satisfied that if most young men knew the dangers of venereal diseases they would not run in danger of them. We know that when young men really learn the evils of masturbation they fight to stop the practice. How much better it would be to teach them the danger before they begin the practice. No one who knows human nature expects that such knowledge would prevent all such evils; but no sensible man supposes that it would increase them, and even if it prevented only one in ten of the possible evils would it not be worth while?

ERNEST F. ROBINSON, M. D.
Auburndale, Mass.

BLOOD EXAMINATION A SURE TEST FOR ACETONE IN THE URINE.

Editor Medical Summary:

One of the biggest blunders that is made is giving the colorless blood cell, commonly and wrongfully called the leucocyte, such a name, and also according it more intelligence than the owner of the serum it floats in has. When you make a slide or specimen of blood, if the specimen contains germs and you dry the preparation, you may fool yourself by seeing germs in the cell. Such is not a fact, they are before or behind the cell, and as the cell is transparent you see the germs through the specimen. In the blood current the leucocyte floats and the germs, if any, float alongside never into them. Get the habit of examining blood fresh and not drying it. Have you noticed that a tattooed person retains the india ink (carbon particles) for life? No leucocyte can get away with them. Besides having one or more nuclei the leucocyte cannot pull itself through the small lumen of an inflamed capillary. The nuclei would stop its progress the same as would a marble in a sock that was being pulled through a keyhole. No germs ever get inside a leucocyte. They may be attached on the outside; the same applies to a pus cell, as there are no openings to permit entrance, as germs have no penetrating appendage. In closing I will give you a new and sure test for acetone in the urine. As the remedy is: give large doses of sodium bicarbonate, you cannot do any harm if you were to prescribe it, and the case were not one of acetonuria.

The test: Distill about four ounces of urine, having added twenty drops of acid phosphoric diluted, until you have two ounces; then distill these until you have two drams. Now distill until you get about thirty drops. Place a small piece of gum shellac into it, and if it is acetone the shellac will be dissolved.

P. D. FAIREX, M. D.
1110 S. Rampart St., New Orleans, La.

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HYDROPHOBIA AGAIN.

Editor Medical Summary:

I am not a contestant for $100. I am not in the habit of indulging in incredulity as to diseases which have been seen and treated by eminent M. D.'s. Hydrophobia has been described, and its cause and course thoroughly recognized from time immemorial. It will not do to question the knowledge and skill of great physicians who have differentiated and clearly diagnosed the dread and fatal disease—hydrophobia!

Several years ago I witnessed such a case from its inception to a horrible and fatal close. There is no other disease like it. I reported the case in full in the Louisville *Medical Monthly*, and the diagnosis was confirmed by no less an authority on nervous diseases than Dr. Curran Pope, whom I had in consultation. It isn't possible, that with a disease so well defined, you doubt its existence. The facts in the case were that a boy 12 years of age was bitten on the hand by a rabid dog, which was being chased by persons who knew it to be rabid, and the boy, with other lads, was playing in the street under the electric light, when the dog sprang at him and bit him on the hand. He was shortly after taken to Dr. Graham, who cauterized the wound. This was in the month of October. The boy continued at school, and no apprehension was felt by his parents, as they innocently believed that cauterization destroyed the virus.

In the month of February, four months after being bitten, he complained of pain and stiffness in the hand and arm of the wounded part. Dr. Graham prescribed for him, but did not suspect the premonitory symptoms. For two or three days he complained of an increase of pain and stiffness, which had by this time extended to his shoulder and neck. On the third day he had grown so sick and nervous that he was put to bed. Steadily the symptoms became worse, and the stiffness of his neck increased, which was accompanied by constriction of the throat and great difficulty in swallowing. He would pant as if out of breath when medicine was given. The doctor gave anodynes and antispasmodics, but no results followed to mitigate the suffering of the boy. Then, as the patient could not swallow except without extreme distress, the hypodermic method was used. The evening of the fourth day I was called in consultation, and like doubting "Thomases" he had not suspected nor believed in hydrophobia. I found a rapid pulse, panting respiration, dry mouth and tongue, anxious and staring expression, restlessness, extreme nervousness, but no delirium. He complained of choking and said he must have relief or he would "choke to death." I took the doctor into a private room and asked him if the boy had ever been bitten by a dog, as up to that time I knew nothing of the case or is history. He replied that he had been bitten four months previously; that the wound had been treated thoroughly, and there was no way to determine whether the dog which bit him was rabid or not, as it was dispatched.

I diagnosed "hydrophobia," and Dr. G., being incredulous, sent for his elder brother, the late Dr. T. A. Graham, who said he had never seen a case of hydrophobia, and would watch the symptoms. I suggested the water test, which he acceded to; and I called for a glass of water, saying to the boy that, as his mouth and throat were so dry and parched, he ought to drink some cold water. He made no reply, but looked alarmed. I approached him with the glass of water, and at sight of it he choked so terribly that we feared a convulsion. After the choking subsided he protruded his tongue, opened wide his mouth, and breathed hard, rapidly and panted like an exhausted and over-heated dog.

Drs. Curran Pope and Garr, of Louisville, were called in, and after I had detailed the history of the case and described the symptoms, he went to the boy's bedside and I whispered to him to test him with water. He called for a little water and said: "Clarence, I want you to try teaspoonfuls of water; one occasionally." He approached him with the glass, with a teaspoonful in his hand, when the boy sprang up, threw himself violently on his side, with back to us, and it seemed that he would certainly choke to death. The suffering of the boy was heartrending; and except hypodermic medication, nothing was done, as not a drop of liquid passed his lips from that moment. He barked, rasped his throat, breathed rapidly, got rapidly into a convulsed state and at a late hour that

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night death closed the scene. Any one who ever saw the agonizing suffering of a hydrophobia case can hope he may never see another. Dr. Curran Pope is a specialist of national reputation, and he fully confirmed the diagnosis, and requested me to write the history and progress of Clarence Saunders' case for the Louisville *Medical Monthly*, which I did. Of four reputable and experienced physicians who witnessed this case there was unanimity in diagnosis.

Another case which occurred near this city (Jeffersonville) just a few months ago. A rabid dog bit a hired man on the farm of J. C. Rous, and also bit his boy on the arm. The parents being well-to-do sent the boy to the Chicago Pasteur Institute. The hired man refused to take treatment, and ridiculed the idea of danger from hydrophobia. The boy went through treatment to thorough immunization, and after many months he is as well as he ever was. In less than three weeks the man developed hydrophobia, and died a horrible death. His case closed with frightful convulsions at the very sight of water. The clinking of the spoon on the sides of a glass, which suggested the approach of some one with water, immediately threw him into a violent choking, quickly followed with a convulsion. He only survived about two or three days.

A negro woman was bitten here by a rabid dog, and the benevolent citizens sent her to the Pasteur Institute, and sent the rabid dog's head also. The examination proved beyond question that the wench was bitten by a rabid dog. The woman was treated successfully and is living here in her usual health. I have known of two unmistakable deaths from hydrophobia, but I have never heard of any one having it, even when the virus has invaded the system, after having been discharged as cured by the Pasteur treatment.

In Hartshorne we read: "Hydrophobia is a disease due to a specific animal poison, which resides in the saliva, of animals *affected with it*. It *never* originates spontaneously, and is communicated directly or indirectly, and usually by biting, from carnivorous or omnivorous animals, especially dogs, to man. It is alone recognized by its physiological effects on man or animals. It induces pain and stiffness in the inoculated part; exalted sensitiveness and irritability; feverishness, mental anxiety, spasm of the throat in the sight of water or liquids; tremors, headache, vomiting, retching, tympanitis, great prostration and death. Its period of inoculation varies from a few days to months." The description and etiology of hydrophobia have been extant for centuries, and no reasonable investigator can have any excuse to doubt its origin and symptoms. It was described by Democrites, contemporaneously with Hippocrates, by Aristotle, by Asclepiades and Thomison; the latter having had the disease and recovered; by Aurelianus and Dioscorides, by Celsus and Galen. More recent writers on the disease were Von Sweiten, Cullen, Fothergill, Mead and Bardsley.

From 1803 to 1820 is a memorable period in the history of hydrophobia. In 1810 it spread rapidly through southern Russia, and the same year in America, in the State of Ohio, where it destroyed dogs, wolves, foxes, besides other domestic animals, and no small number of human beings. "During the years 1819 to 1826 rabies was rife in Italy, and a wolf bit thirteen persons, nine of whom died of hydrophobia."

Statistics of the prevalence, ravages and fatal effects on both man and beast have come down the centuries in evidences overwhelmingly conclusive of the disease.

The term "hydrophobia," meaning *dread* of *water*, is pathognomonic of the disease, and is an unfailing proof of it, and differentiates it from all other *spasmodic nervous diseases.*

D. L. Field, M. D.

Jeffersonville, Ind.

MISCELLANEOUS QUESTIONS—WHO WILL ANSWER?

Editor Medical Summary:

What drug or combination of drugs is the most active diuretic that is known in medicine? Recently a physician asked me the above question, and I told him I would have to study awhile on it; after studying awhile on the question, I was still puzzled. I could think of active purgatives such as croton oil, active diaphoretics, like pilocarpine, but do not know of any sure powerful acting diuretics.

What is the most powerful antiseptic in the materia medica? Which of mercury bichloride and mercury biniodide is the most powerful antiseptic? What is the

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most powerful remedy or combination of remedies to increase the appetite? Of the following two prescriptions the first is highly recommended as an alterative tonic and the second as a general tonic. Which one would be the best to increase the appetite:

℞ Hydrarg. chlor. corr...gr. j-ij
Liq. acidi. arsenosi. 3j
Tinct. ferri. chlor.,
Acidi hydrochlor. dil...āā 3iv
Syrupi .....ʒiij
Aquæ .....q. s. ad. ʒvj.

M. Sig.—One dessertspoonful in a wine glass of water after each meal.

℞ Tinct. nucis vomicæ .....ʒvj
Acidi hydrochloric dil.....ʒss
Arseni troxidi .....gr. ⅜

M. Sig.—One teaspoonful three times a day after meals.

What is the difference in the physiological action and therapeutic uses of beer, wine and alcohol? What is the cause of seeing double, *i.e.*, one object appears to be two? What acid is generated in mucilage of acacia when it stands for some time? Do mixtures containing acacia keep well. for instance, like the following diaphoretic mixture:

℞ Fld. ext. pilocarpus .....ʒiv
Wine ipecac .....ʒiss
Mucil. acacia .....ʒj
Aqua cinnamon ..q. s. ad. ʒij.

M. Sig.—One teaspoonful every four hours until free diaphoresis.

What are all the conditions the ophthalmoscope would aid in diagnosis besides the following diseases: Chronic interstitial nephritis, pernicious anemia, leukemia, diabetes, syphilis, retinitis, in valvular heart diseases, especially aortic lesions (visible pulsation of arteries)? Optic neuritis may be present in the same condition or may indicate tumor.

Are there any other morbid changes that take place in acute edema of the glottis or edematous laryngitis besides the following: A true inflammatory edema due to severe irritation or infection. The submucous tissues at the base of the epiglottis and over the aryepiglottic folds, being greatly swollen and translucent or yellowish. The glottis is closed and asphyxia results unless the condition is relieved.

In edema of the larynx what else can be done besides free catharsis; application of blisters or leeches over the larynx; spraying with astringent solutions (tannic acid or alum), and if these fail scarification intubation or tracheotomy.

What is the results of the X-ray and radium in controlling sex in generation.

J. A. Burnett, M. D. Chismville, Ark.

EXOPHTHALMIC GOITER.

Editor Medical Summary:

It was named in England, Graves's disease; in Germany, Basedow's disease; and by some as "cardiac stenosis" and "exophthalmic cachexia;" but while these names may be confusing, it will be easy to recognize the diseased gland, when one has seen a case. The protruding eyes, wild and startled expression, rapid and powerfully pulsating heart, muscular tremors, inco-ordination of the eye balls, unsymmetrical development of the gland, groaning during sleep, involuntary twitchings of the fingers and toes, mental disturbance, amounting almost to mania, with delusions of both sight and hearing, and rapid emaciation and nervous exhaustion. As to the various theories given of its etiology, I care nothing about, as they have nothing to do with the treatment. Such a case as described above, I cured!

The treatment was calmative: bromides, cannabis, strophanthus, to the limit; and best of all, phytolacca decandra. While I was treating the case, I read of what wonderful virtues there were in the local inunction of extract of poke root to the enlarged gland; and I proceeded to give it a trial. The results astonished me, as she began to mend steadily; the nervous symptoms abating, and it was not long till my patient was up and about. While I continued heart treatment, I am sure the reduction of the gland and the relief of the exophthalmus were due to the phytolacca. I use it now on ordinary enlarged thyroids, having discarded the iodides and iodine locally.

Bartholow says: "It exerts its influence in the spinal cord, chiefly on the medulla. He says ulcers, cutaneous diseases and ophthalmia are maladies which have been cured." The fluid extract may be applied to the thyroid, or the solid extract spread on cloth and applied to the gland. Try it.

D. L. Field, M. D. Jeffersonville, Ind.

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Summary Gleanings

"The young man knows the rules, but the old man knows the exceptions."

One should not rely on feeling a tonsil engaged in a tonsillotome; he should see that it is if he does not wish to take the chance of cutting away the pillars on the fauces, a portion of the tongue, the floor of the mouth or the uvula.

Hard foreign bodies in the nose may sometimes be removed, where other means fail, by wiping the cavity and foreign body dry and applying sealing wax attached to cotton.

At the moment when the sphincter is being divulsed in rectal operations it is a good plan, as advised by Dr. L. H. Adler, to see that the patient is getting plenty of air and to stop the anesthesia for a brief period.

Strophanthus is a heart stimulant; digitalis a heart tonic.

Strophanthus slows the heart's action; digitalis gives the heart more tone.

Strophanthus immediately strengthens the cardiac systole.

Digitalis contracts the arterioles and thus presumably adds something to the work of the heart.

Santonin is a frequently needed anthelmintic, and as a remedy against the ascaris (round worm) it has no superior. It is also an efficient remedy against the oxyuris (thread worm), but it has no effect on the tape-worm.

Hydrastis is pre-eminently a bitter tonic and stomachic. It is not a remedy for active or acute inflammation; in fact, it is contraindicated in such states. It is, however, valuable in so-called subacute inflammations and chronic inflammations.

Cactus is one of our most valuable remedies in either organic or functional diseases of the heart. It gives speedy relief in many of the nervous disorders of women, removing many of the most distressing symptoms arising as a result of reflex neuroses.

Echinacea is our most efficient remedy whenever there is evidence of sepsis, and probably the best internal antiseptic known to the profession.

The eruptions which frequently appear on the face at the time of puberty or a little later are well treated with berberis aquifolium.

Shoemaker recommends the use of triticum repens in irritable bladder and chronic cystitis. In combination with belladonna and bicarbonate of soda, he advises it in gleet and irritable prostate.

Dr. French says he has used triticum repens to a considerable extent in old men with irritable bladder and difficult urination, with satisfactory results. It is safe and harmless, and by its sedative action on the mucous membrane of the bladder it relieves the irritation, and adds greatly to the comfort of the patient.

A physician writes: During the past six years I have treated eighteen cases of chorea with gelsemium alone, and without a failure.

It seems to me that cactus stimulates the motor, but more especially the inhibitory, nerves of the heart. It strengthens and improves the systole, increases the muscular energy of the heart, and increases the tone of the organ.—*Dr. Curtin.*

The most direct action of phytolacca is upon inflamed glandular structures, especially the lymphatic glands. The more markedly lymphatic the structure, and the more acute the trouble, the more marked the action of phytolacca.

In acute tonsillar inflammation phytolacca is certainly as near a specific as there can be for any ill. It must, however, be given in larger doses than is usually recommended.

A case of obstinate *hiccough* is reported as promptly relieved by dilute sulphuric acid, in a person aged 73, who had resorted to all the ordinary remedies.

Cold baths may be taken winter and summer if the individual is in good health. Cold baths should be taken on rising in the morning; hot baths on going to bed.

For the cure of itch it is sufficient to coat with lard the whole surface, which destroys the insect by depriving it of oxygen.

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THE MEDICAL SUMMARY

Vol. XXXI

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.

No. 10

ESTABLISHED 1879

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By Robert Gray, M.D.

SYMPTOMATIC TREATMENT.

By George L. Servoss, M.D.

MALARIA.

By J. R. Etter, M.D.

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BUSINESS TALK.

The greater number of medical journals now give a little space each month to business methods, how to collect your money, what to do with it, how to increase your business, etc. Generally speaking the advice given is very helpful, although much of it is calculated to make the doctor think that he is never getting value received for his services. Very often he does not. But we believe that the great majority of physicians get compensation that is about equivalent to what they are worth and what they are doing. The majority of doctors do not have but a few hundred dollars invested in the equipments necessary to practice medicine. We believe it is about as easy to earn a dollar in the medical profession as in any other trade or calling. Everybody talks about a doctor's hard life, long rides, night calls, loss of sleep and social handicaps. These now are largely mythical. The doctor nowadays has quick and easy means of transportation in trolley cars and automobiles. Those who can not afford the luxury of the somewhat ubiqutous auto must content himself with a horse and buggy, but he has good roads to travel over. More than that the people are now bunched up closely together and the long and arduous drives have been eliminated except in some of the rural districts. The doctor who now drives at night a distance of ten or twenty miles in the country is indeed a *rara avis*. So we think if medical men will stop and count their many blessings they will find many of their troubles within themselves. Introspection is often a good thing. It enables us to get a better grip on ourselves.

We have made bold to say that the rank and file of the profession ought to get along sufficiently well financially that we ought not to hear so much of the wail of hard times. What, then, is the trouble? We hate to again spring a thing that is so hoary with age but it is nevertheless true. "Doctors are poor business men." Of course there are many, many exceptions. Lots of medical men become promoters of one sort of activity and another by which they have no difficulty in keeping a certain animal from the aperture into their homes.

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Of the many we speak with reference to being poor managers and lacking in foresight.

Let us be a bit more specific. It is surprising to note the number of physicians who fail to protect their property by fire insurance. Recently a doctor past fifty years of age told us that fire destroyed his library and instruments aggregating in value over two thousand dollars. Not a dollar of insurance. It was all the man owned. Such things are not uncommon with members of the profession. Every thoughtful doctor should protect his property by fire insurance and his family by life insurance.

Many doctors practice economy very badly. They stock up their office often with apparatus that is not very usable and buy lavishly of elegant pharmaceuticals when cheaper (and positively known) drugs would do better. So often the library is graced by the kind of books that are not read. It may seem a bit cruel to say it, but in a general way we do not believe the doctor should listen with much interest to the siren song of the agent and detail man. What do you think of the man who would sell you a set of books with a valuable (?) lot adjacent New York City thrown in? Better give him and all his ilk the skiddoo sign and learn to trust your own judgment.

THE MUSTARD PLASTER.

The SUMMARY feels sometimes that it owes its readers an apology for so often presenting naive and homely subjects—like the one just captioned, for instance. But in this age of tremendous pharmaceutical research with its ever-increasing numbers of remedies (some of them almost specifics but the most of them almost therapeutically worthless) there is a tendency to let the very homely agencies drop into desuetude. We have frequently made the assertion that entirely too many old weeds and plants of one kind and another are doing duty as "curative agents" in the varied ills from which mankind suffers. Many trashy articles are written each year for medical journals in which rare and peculiar plants are described as possessing wonderful therapeutic value. Somehow scientific minds have become in a measure tinctured with the absurd and inane lay notion that the Creator has put into herbs and plants a curative principle for every disease, and that it is man's duty to sort this matter out. This is about on a parallel with the wisdom in relation to drugs which is acquired by some intrepid white man who consorted for a long time with an Indian chief.

The mustard plaster is one of the best medicinal agencies at our command. We fear that its true value is not always properly estimated. Applied locally mustard is a dependable neuro-vascular stimulant; its effects are systemic as well as local. In gastritis with an upset stomach nothing is more efficacious and prompt in its remedial action. Its value in pleurisy, backache, abdominal pains, ovarian neuralgia, etc., is too familiar for reiteration here. The mustard plaster is one of the effective measures calculated to break up a cold on the chest, provided the patient is content to remain indoors a day or so. No one questions its value in most cases of pneumonia at some stage.

There are several ways of making a healthy, active mustard poultice and there are likewise wrong ways of making it. If the fresh ground seed can be obtained the poultice is preferably made from it, although the commercial drug answers reasonably well. An expedite way of applying mustard is to dip flannel cloths in hot water and then sprinkle the powder on them. A more common method is to incorporate a quantity of mustard, say a teaspoonful, with twice that amount of flour, using sufficient water to make a paste. The mustard sprinkled on a bread or flaxseed poultice is a choice method with many. A thin layer of gauze or muslin should in most cases be placed between the poultice and the skin. Another expedite manner of securing the action of mustard is to rub the powder into the skin, applying over the surface cloths wrung from hot water. It is well known that the white of an egg incorporated with a mustard paste will prevent blistering or scarring. Some skins are so sensitive and susceptible to the action of mustard that a poultice must be carefully watched, especially if the patient be asleep or unconscious. For a mustard burn lard is better than vaseline.

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Boiling water should not be employed in making a mustard plaster. The action of mustard is dependent mainly upon a volatile oil which is liberated slowly. Boiling water kills this effect, for the heat neutralizes the oily principle in the mustard. To heat the poultice over a hot stove until it is as dry and hard as a pancake deprives it of its therapeutic usefulness. It is then no more efficacious than a hot towel. It soon curls up, dry, hard and useless. A fact ever to be borne in mind is that heat destroys the activity of mustard.

A mustard poultice need not be thick. Volume has nothing to do with its worth as in case of most other poultices. An eighth of an inch in thickness is sufficient. Oil silk or impervious coverings over it may increase its efficacy.

HIGH PRICES ETC.

Never before in the history of the country, not excepting the strenuosity of "war times," did those things which go to sustain life come so high. Fresh, respectable eggs are in most parts of the country fifty cents per dozen, while butter is almost that price per pound. Meat is almost beyond the reach of the man who has a family, provided he is only a laborer or business man on a small salary. The writer was shown a very ordinary broom the other day and was told the price was 75 cents and would be a dollar very soon. Since the doctor, if he be a general practitioner, is usually the last man paid, we wonder how the ever-increasing cost of the necessaries of life is going to affect him. We also wonder what the outcome of the high-priced and trust-ridden condition now prevailing will be? It can not be denied that the trust factor is largely responsible for the present high prices and not a result of the natural law of supply and demand. There are, however, becoming more consumers and fewer producers all the time. The cities are growing larger and becoming more congested while the farms are thinning out. Individual efforts at "bucking" present high prices are somewhat futile, to be sure, but let us lend our efforts in that direction. Let us encourage more people to become producers. In the matter of dietetics we may make some alterations without detriment to health. Most people, doctors included, believe that we could get along with much less meats and nitrogenous foods. Now is a good time to put the matter to a practical test. Farinaceous foods are still comparatively low in price and are known to be wholesome and nutritious. There is a rather wide gamut of cereals and vegetables that are not exorbitant in price and which contain the greater number of elements which go to nourish and sustain the body. As physicians are daily thrown in contact with people who can scarcely provide themselves with the bare necessities of life, it behooves medical men to thoroughly acqnaint themselves with the low-priced food products that will best meet the exigencies of their indigent or struggling clientele.

WHEN TO TAKE MEDICINE.

Alkalies, iodine and the iodides are better given when the stomach is empty and they diffuse more rapidly into the blood. If given during digestion the acids and starch alter and weaken the process. When it is desired to give acids they will be found to be more readily diffused into the blood between the digestive acts. Acidity of the stomach or an excess of gastric juices are remedied by taking acid before meals. Irritating and powerful drugs should be given directly after food. Among this class we may mention the salts of arsenic, copper, zinc, and iron, except where local conditions require their administration in small doses before meals. Silver preparations should be given after the process of digestion is ended; if given during digestion chemical reactions destroy or impair their special attributes and defeat the object for which they were prescribed. Alcohol, tannin and metallic salts, especially corrosive sublimate, disturb digestion and should therefore be administered during its greatest period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or immediately after food so that they may enter the blood with the products of digestion.

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THE DOPE EVIL.

The term "dope" as employed so generally by the laity has reference to habit-forming drugs, of which there are not a few. The more common are opium and its alkaloids, chloral and its congeners, bromide of potassium, Indian hemp, cocaine, and perhaps cigarettes might properly come in the same category. Another vice that has gained a measure of popular use in European countries and which is said to be getting a foothold in this country is that of ether drinking.

The use of ether as a routine dope by the laity is attended by the greatest danger. The habit for it is readily formed, and even before the establishment of the condition which our foreign friends call "etheromania," there is always danger of a fatal issue for the reason that the "dose enough" is not easily regulated. It is so easy for the person using ether or chloroform by inhalation to cross just over the line and use a little too much. This necessitates the calling of the coroner. The "etheromaniac" not only inhales the drug but takes it by the stomach route as well. The comparative cheapness of ether makes it much sought after by a certain class of denizens of the underworld, for cocaine, morphine and other drugs which produce mental exhilaration or oblivion are often beyond the user's financial reach.

The use of ether or chloroform is often begun by well-meaning and respectable people for the purpose of relieving neuralgia or as a sleep-coaxer when somnolency is delayed or worldly vexations encompass them. The habit is acquired before it is scarcely realized, as is indeed true of all narcotic drugs. Many persons who are troubled with melancholia, disappointments and other ills which cause intolerable insomnia begin the use of hypnotic drugs in the minimum dosage and lethal manner only to find in a little while that the dose must be run up. Many persons graduate as it were from one nerve-deadener and must sooner or later resort to something of greater potency.

Persons given to dissipation and excesses of one kind and another resort to chloral, morphine or ether to "drown sorrow," to taper off a debauch, or even in lieu of alcoholics. Cigarette smoking is perhaps an important factor in the causation of these vicious habits in people occupying the lower social strata of life. The poverty and distress that constitutes so much of the part and parcel of life in large cities is always an etiological factor.

Cocaine is the most vicious dope drug, for it soon dethrones all semblance of reason and manhood. This habit was a few years ago most thoroughly disseminated among blacks and a low order of white people through the use of catarrh snuffs. The drug is not now so easily procured, although the laws are not so rigidly prohibitive as to place it beyond the reach of those who have become fiends to it. Patent medicines with their ever-present alcohol or narcotics and their ubiquitous use are swelling the ranks of the drug habitues because of the depraved appetites which they bring about. Physicians too often, sometimes innocently, foster drug habits in patients by over-prescribing narcotic drugs. The hypodermic syringe, Godsend though it is, has been instrumental in fastening pernicious habits upon thousands.

EARACHE.

Hot steam or smoke funneled into the ear usually affords a measure of relief. As a rule it is best not to drop warm oils into the ear, for these occlude the ear and besides they show a tendency to become rancid. Syringing the ear with warm water ameliorates the pain. An atropine solution dropped in the ear gives some relief, as does also a mixture of glycerin, alcohol and water. Moist heat applied externally affords more relief than dry heat or the hot water bottle.

BOILS AND CARBUNCLES.

Ellingwood says that fresh peroxide of hydrogen injected thoroughly into a carbuncle once daily will certainly destroy it. After the treatment a compress of absorbent cotton saturated with a fifty per cent. solution of peroxide should be laid over the carbuncle and covered with oil silk. He says: "I do not find that any other treatment than this is required." In addition we would saturate the blood as rapidly as possible with calcium sulphide and keep up thorough elimination with salines, supplemented occasionally with calomel.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE GENERAL PRACTITIONER.

By J. R. Etter, M. D.

This article is directed to the men who do things, and not to the specialist. The specialist is simply a barnacle on the general profession, that is they work the general practitioner to send them cases whereby they can claim and collect large fees for their services.

The specialist gets his fee, many times in advance, so that if his special work does not pan out according to his expectency, he has his money, and does not have to send a dun to the patient. The general practitioner has the brunt to bear, that is, the patient resides in his bailiwick, and looks to him for good common sense information. If the general practitioner sends him to a specialist, and he gets no better, it is charged up against the country doctor. They pay their money to the specialist, and do not hope to get a cent back, even if he fails to do a cent's worth of good. They consider their money is gone. It is their province to jump on their family doctor that sent them to the specialist. Why should the man that rides day and night, looking after the hundred and one different diseases that come to him, while the specialist is enjoying his sleep, be the scapegoat, and bear the blame at every angle. There is something wrong in this general makeup. If the general practician should only be at his office from ten to twelve in the forenoon and two to four in the afternoon, and keep hid all the rest of the time as specialists are, he would have to have a cordon of policemen to keep the crowd in order. Why should he not have automobiles, motor boats, spend his time playing chess, cribbage, dominoes, or being a baseball fan, the same as specialists do. The people have been educated up to the point that they do not expect a specialist to be in reach except at his advertized hours. The whole world has to bend to them. Then why should the specialists advertise so much, is it possible that they cannot make a living any other way, or is it that it pays them big for the investment. Then why cannot the general If the general practitioner should only be at he called a "Quack" if just a little notice in the paper that he is prepared with horse, buggy, medicines, bandages, anesthetics, disinfectants, cosmetics, tooth forceps, sprays, pumps, vibrators, etc., and ready to go at any minute of the day or night. He would be ostracized by all his professional brethren, and to the greatest extent by the great horde of specialists. Yet this is what he is called on to do and to be ready to do at any and all times. Why should he not tell the public what his qualifications are, even though they may cover the whole routine of medicine. In a recent edition of the Indiana State Medical Journal there were forty-two advertisements of doctors, twenty-six of which was surgical, seven eye, ear, etc., and only two had the nerve to state that they gave attention to medicine. Has the whole world gone surgery crazy, or specialty crazy? Does it take longer for a man to learn how to remove a tonsil, or an adenoid, than it does for another to learn to treat piles, cancer, diphtheria, pneumonia, gastritis, rheumatism, neuralgia, and the thousand and one things that the general practitioner has to deal with in his every day rounds. Then why should the country doctor be simply an agent for the specialist? While he makes a dozen trips in the cold and rain for ten or fifteen dollars, and then turn the case over to a specialist who gets one to five hundred dollars for a few minutes work. Does the common practitioner not thereby admit that

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he is a very small potato in the hill. Most of the noted men are dying off from appendicitis operations, and unless a halt is called soon there will be no more to operate on.

About two months ago a paper was read before a State medical meeting, and the same was exploited in a medical journal, wherein a certain surgical operation was fully described as a great triumph in surgical skill—that is, I suppose his skill. He stated in his article that 92 per cent. of his cases had been failures, and yet he advocated the operation. It was not claimed that the cases operated on would have been incurable, or that they might not have been able to attend to their business for the next hundred years. If in cases of dernier resort, such as cancer, there might be an excuse to operate, when the case is wholly hopeless without it, that is that death is sure. But in such cases as was described in the paper referred to, it is the most silly thing that one can imagine. It simply shows the operation craze gone mad. And the worst of all is, that the general practitioner in many instances will recommend his patient to submit ot such an uncertain and hopeless procedure. In many cases, the practitioner gets a rakeoff, from the specialist, in fact gets more than he could get in a year's treatment of the case. Each State has a few citizens in which the specialists are located, that is the specialists that exploit the common practitioner and the common herd of people. It is often hard to say, which of the two classes are the most to blame for the exploiting. I have had numbers of patients when I asked them regarding their present conditions that would first tell all about their "operative" experience, their history of hospitals, the friends they now correspond with, of those who were in the hospital at the same time they were. It is so nauseating that one almost wishes there was no such a thing as a hospital or a specialist. They will spend hours, if you will listen to them, of the various operations by the specialist, of all the things he has said to them, of the things he has done—but when you analyze it all you will find that the things he has not done are a thousand times more than what he has done. How many, many patients, after they have gone through the specialist's mill, come back to the general practitioner for relief, and at the same time say, that they have paid out so much money, they cannot give anything to the honest general practitioner, unless he can insure a cure. Did they ever ask the specialist to insure a cure, most certainly not. I want it distinctly understood that I am not opposed to specialism in the treatment of disease, but I am strongly opposed to the graft of the specialist as has become the fad of the day.

Many of them have become to think that the common practitioner is just their valet. If he refuses, or even fails to recommend his patient to have a hundred or five hundred operations made he is called an ingrate. Not only this, but it has almost come to the point that the common practitioner who does not get his name in the paper every week or so, as assisting the great surgeon, so and so, in an operation, the community does not think he is doing any business. The small fry doctors are the ones that oftenest get their ads in papers in this manner. It is this class that cannot make a living otherwise. All hail to the men who has a broad enough knowledge of anatomy, physiology, pathology and practice, that he does not have to bleed his patients under the guise of special operations at so much per. The almost daily work of the practitioner is to adjust fractures, reduce dislocations, amputate fingers, toes and limbs. Treat syphilis, gonorrhea and their innumerable consequences. Console the despondent, assuage the nervous, attend typhoid, pneumonia, pleurisy, tuberculosis, cure the colds and coughs, treat the wombs and ovaries, and, oh well, the list is too long to enumerate in this paper. But with all this, his average successes are far better than the average specialist.

Crawfordsville, Ind.

MORE ABOUT SYMPTOMS.

By George L. Servoss, M. D.

In concluding his article on malaria, page 300, December number, 1909, Summary, Doctor Etter says that instead of treating symptoms, he looks for the cause of the symptom and treats it. He says that many

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treat the symptoms without recognizing the cause. This may be true in many instances, but if one is a good symptomatologist, if that term is allowable, he, as a rule recognizes the cause of the symptom and bases his treatment accordingly. In the treatment of fever, no man who gives the least attention to the action of drugs, would administer aconitin in asthenic cases with a weak rapid pulse, but he would employ it in such cases as showed a high vascular tension. Given a painful condition of the abdomen, with or without fever, no sane man will lock up the bowel with opiates, but to relieve the acute spasm will meet the symptom with a combination of glonoin, hyoscyamine and strychnine. In addition, he will clean out the bowel thoroughly, as he recognizes the fact that, in the majority of such cases, the pain is due to some irritative body. After his initial purge with calomel and podophyllin followed by a saline, he exhibits the sulphocarbolates. In the treatment of diarrhea we again have a symptom due to irritation and we treat the symptom by removal of the irritation which we recognize as the causative factor. When vague pains appear in various parts, we who have studied symptomatic treatment recognize the fact that in the majority of instances, such pains are due to the absorption of toxins from the bowel and base our treatment accordingly. To substantiate such ideas we, after meeting and relieving the acute symptoms, go farther with our examination by making a qualitative examination of the urine, preferably by the tests suggested by Harrower, to determine, whether or not, that excretion is normal or abnormal, if it contains indican or is hyperacid. If either condition is determined the treatment is carried still farther, to correct the one or both present and to remove the material producing the toxins. The writer prefers sodoxylin as a remedy to overcome hyperacidity and the presence of indican.

During the winter months, one is frequently called upon to treat conditions due to exposure. He may find his patient with some hyperpyrexia, difficult breathing, cough, more or less pain in the thoracic region, and with or without the pathognomonic sputum of pneumonia. Again recognizing the fact that all hyperpyrexias depend largely upon the absorption of other than specific toxins, the symptomatologist immediately gives his attention to the cleaning out of the bowel. In addition to this he takes up and treats the other symptoms that may be present. If the cough is tight, he administers emetin; if irritative, codein and if strangling, due to retained excretions, sanguinarine. For the fever he employs either aconitine or veratrine either alone or in combination with strychnine or digitalin, as the symptoms may indicate. In many instances the prompt meeting of the symptoms in such cases results in the abortion of pneumonia or prolonged and serious bronchitis.

It is a recognized fact that the absolute cause of rheumatism is not known and that that disease is treated very largely symptomatically, but we do know that in all such cases the eliminating functions are interfered with to a greater or less extent, and while the treatment is largely symptomatic, the practical and thinking doctor, recognizing that effete material is residual in the tissues and having much to do with the cause of the condition, directs his efforts toward the stimulation of every eliminating organ. He arouses the liver by the use of calomel and podophyllin, followed by colchicin for prolonged action. To increase peristalsis and tone up the bowel function he adds bilein and juglandin to his treatment. He makes regular examinations of the urine and corrects the hyperacid conditions with proper remedies. In the treatment of this condition his line of treatment is largely empiric. He uses the salicylates because of the fact that it is recognized that they give results, but it has never been thoroughly determined just how such results are brought about. In the treatment of rheumatism I consider the most scientific treatment is that based upon the recognition of an autotoxemic condition and have found that I have gotten better results from such treatment than from that based upon any other idea. While it is true that many men may pay all of their attention to symptoms, without recognizing the cause, I doubt if such men carry on a successful practice, as they are bound, sooner or later, to meet with obstructions of a nature which will not submit to any treatment, other than that directed against

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the causative agent. The man who studies symptomatology thoroughly soon gets to recognize the causative agent, and while he says that he treats symptoms, he, in reality, gives his attention to the etiological factor, rather than to the effect. The man who recognizes that, from 75 to 90 per cent. of all diseases are due to the absorption of toxins from the bowel, and directs his efforts toward the cleaning out of the primæ viæ, will relieve more obscure conditions than by any other method of treatment.

Doctor Etter says that most practitioners, or rather some of them, treat each symptom as it appears. Why not, if the diagnosis has been determined? Having perfected his diagnosis, why should not he meet, and combat the symptoms as they may appear? Does the Doctor maintain that he is not directing his attention to the cause when he is relieving symptoms? Is he going to refrain from the relief of suffering, simply because the cause may be obscure for the time being? Is he going to allow a continuence of a high vascular tension, with hyperpyrexia, when such condition may be relieved, regardless of the cause? If he meets with a case of collapse, is it his policy to refrain from the use of atropine until such time as he may know the absolute cause of the symptom? Perhaps all of this is true, but I doubt it, all the more so because of the reason that I believe that the Doctor is a successful practitioner, and he could not be such, if he hesitated in the institution of treatment until such time as all the etiological factors were fully determined. We all know that diagnosis is based, not only upon the recognition of the causes, but upon the symptoms, as well, and that treatment, as a rule, is based entirely upon the occurrence of the latter. If we had no abnormal symptoms there would be no pathological conditions, as the one is the result of the other and while we may say that we give treatment symptomatically, such treatment, in all instances if directed toward the removal of the cause, as the relief of a symptom, not infrequently removes the cause. If we were always able to determine the immediate cause from the outset, it would be a different matter, but it is a well-known fact that many symptoms are common to numerous different conditions, and that frequently we have no absolute, pathognomonic sign at the outset, and that, in order to afford our patient relief, we are forced to meet the symptoms appearing. If we did not pursue such a course, how many of us would hold our clientele? In my opinion, very few. Is it not better to meet, and combat, primary symptoms, afford our patient relief, and possibly abort, what might be a serious condition rather than to allow it to gain such headway as to make it an uphill fight for both patient and doctor? It has been my experience that, where I have met early symptoms promptly, I have gotten better results than when I have waited for hours or days to make an absolute diagnosis. In fact, in some instances, I have been unable to make an absolute diagnosis, owing to the fact that all of the symptoms have subsided without the establishment of a single pathognomonic sign. In such instances I have had the pleasure and satisfaction to know that my patients have been satisfied, and I feel that the prompt meeting of immediate symptoms has had much to do with my success as a practitioner. Expectancy may be a good thing, but it does not bring relief to the sufferer, while symptomatic treatment usually does and I believe that the doctor who waits for absolute signs to appear before instituting treatment is guiltier of a greater wrong, than is he who meets symptoms regardless of the absolute etiology. I know, positively, that when I have reduced fever from the outset, regardless of the cause, my patients are carried through to a happy termination with less tissue waste than when I have allowed the hyperpyrexia to go on with no effort to overcome it. When I have exhibited aconitine or veratrine to effect early, my patient has been assured of greater ease than when I have waited to determine the cause, absolutely. Unless the majority of pathologic conditions are due to autoinfection, we are at a loss to determine the absolute cause in every case which is presented, and it is an accepted fact that much in internal medicine is still empiric. Every man who has practiced for any length of time, knows that it is a difficult matter to determine the cause of all symptoms, and that he is obliged to treat

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many cases empirically. Were internal medicine an absolute science, and were it not for the fact that many symptoms are common to many diseases, it would be an easy matter to determine the cause in all cases, and to base treatment upon such known etiological factors, but until the time is reached where empiricism is a thing of the past, we will, if we desire to be considered successful, be obliged to base our treatment largely upon the present symptoms. If, as has been pretty well determined, the majority of diseases are largely due to infection from the alimentary canal, the day of scientific medication is rapidly approaching, and instead of an educated empiricism, internal medicine will become an art, and we will know that certain procedures will be followed by certain results. When such time comes we will be able to remove the cause from the outset, without regard to the existing symptoms, but until this is fully determined, the successful doctor will have to, perforce, be obliged to rely largely upon symptoms in the basing of his treatment, otherwise he will meet with defeat. I believe that Doctor Etter will agree with me in the position that I have taken.

Fairview, Nevada.

SUNSHINE AND SHADOWS IN THE PRACTICE OF MEDICINE.

By W. T. Marrs, M. D.

This series of articles is intended to reflect the doctor's daily life as it really is, the way he feels, thinks and deports himself without the colorings of the melodrama or the wishee-washiness of common lay literature or fiction. At least that is my intention now, although I may shift my base considerably within a few months. These articles will partake somewhat of the reminiscent, not because my experience has been so wide and varied or because of any desire to get the *ego* in the limelight; but everybody likes a "story," even more than the world loves a lover, and I shall endeavor to let these articles partake in a measure of the story element.

Dissipated doctors. One of the old-fashioned and fast-disappearing type I shall try to describe. Dr. A., we will call him, lived a few miles from the small town where I was once located and he was one of the most strenuous booze-fighting doctors I ever knew. Physically he was a man of superb physique and in many ways possessed a winning personality, although dissipation made him uncouth in appearance. His strength and virility remained with him for many years in spite of his drinking. At the one country store where Dr. A. hung out, calling it his "office," a very crude affair indeed, he frequently gave exhibitions of his strength by picking up a barrel of cider or vinegar and sipping from the bunghole. As a walker this old doctor would rival pedestrian Weston, for he nearly always visited patients afoot. Dr. A. enjoyed a very lucrative practice, although his knowledge and skill may have been open to serious question. He gave calomel to adults in teaspoonful doses and the things that followed in the wake of such medication can be as easily imagined as described.

When Dr. A.'s clientele became sick and were unable to get him on account of his not riding on a certain vehicle known as the water-wagon, they reluctantly sent for other physicians. When his patients could wait until he got sobered up, however, they did so and would frequently haul him to the house of sickness and pour generous draughts of hot coffee down him in order to steady his legs and limber up his lethargic brain. Once when on one of his drinking bouts I received an obstetrical call in his neighborhood. It was a case of tardy labor, but otherwise normal, and I had been with it three or four hours simply waiting and using conservative remedies and measures. Being rather young the family thought perhaps I did not understand my business as well as I might, so they desired to call old Dr. A. in for consultation even though he was drunk. They wanted his opinion of the case but asked me to remain to consummate the work. My old consultant was reasonably sober by this time, although quite nervous. He came in and looked at the patient a moment and then turned to his satchel and got out a black bottle whose contents emitted a vile smell. Yes, ergot it was, and he poured out, not a teaspoonful but a tablespoonful, and gave

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it to the woman. He then lay down in another room to sleep off the remnants of his drunk, leaving me to do the rest. I was scared and angered, but what could I do but remain and see the finish of the case—and the finish of the woman too, I thought. Visions of a ruptured uterus, lacerated perineum, hour-glass contractions and a dead baby and many other horrible things burned into my brain. In about twenty or thirty minutes the pains came whooping along and continued to grow more cyclonic each moment with no intermission. Something dreadful would surely happen, I felt morally certain. But within another twenty minutes the storm had passed and the clouds had all melted away. The baby was born and was all right. No tears about the person of the mother were in evidence and she said she felt like she could get up and do a washing. They thought, of course, that Dr. A. was a splendid obstetrician, while I was a poor, inexperienced dub.

Dr. A.'s mistakes were leniently overlooked by his patients or attributed to the workings of an erratic providence. The old doctor did not have enough whiskey to complete a drunk of the regulation pattern one day, so he thought to taper off with lemon extract. Perhaps it contained a little too much wood alcohol. But the erudite jury called it "heart failure." Perhaps it was.

I lived in a small town for several years where my main competitor was a drunken doctor, although a man of some ability and qualifications. Many persons would rather have Dr. B. drunk or sober than anybody else on earth. If a man has any decent qualities at all getting drunk seems to accentuate these and cause forgetfulness of his undesirable and reprehensible traits. People will say, "He is a fine doctor if he would only let whiskey alone." Perhaps if the man did not drink he would seldom be the subject of comment, good or bad. A capable physician once said to me: "If my practice ever dwindles down too low I know how I can build it up; I'll go to drinking and let the fact get noised around a little." It does seem that many people love a drunken doctor, although he is a *genus homo* that is rapidly disappearing the last few years. Well, Dr. B. continued to grow more dissipated from year to year and all that was manly and worthy in him also dwindled down accordingly as time passed on. He belonged in the inebriate class and his father, who was a doctor, had taught his son bibulous habits as well as transmitting them in a hereditary manner. The drinking paroxysms would strike him every three to six months and a good spree with its trimmings usually lasted two or three weeks. Before Dr. B. would become entirely past navigation he would stagger about the streets cursing and making the atmosphere blue with his vulgarity until relatives or friendly cops would be obliged to take him home. Once this doctor while in one of his drunken debauches took refuge in a barn out in the country a few miles and withstood all attempts of his friends to get him back home. Here he and other dissipated companions spent a week, getting some one to make frequent trips to town to bring them their liquid refreshments. Dozens of times have I gone to see Dr. B. at the close of a drunk when he was in a state of tremens or near-tremens. If I could have secured living specimens of the rare animals that he frequently told me he was witnessing I am sure that I could stock up a zoological garden that would be worth going miles to see. A common housefly, he sometimes told me, looked like an eagle to his distorted vision.

Such a severe gastritis and inhibition of all secretions always followed a drunk that it would seem that nothing would ever again be retained on the man's stomach. His general vitality in time began to wane and the heart action in each succeeding attack was more enfeebled. Several times during the latter half of a debauch when overcome by remorse and loss of hope he tried to take his own life by poisons, but his rebellious stomach never retained enough to do the deadly work. Finally his much-abused economy did not rally from a prolonged spree, although he had kept it up for a good many years.

Another young medical friend formed the drinking habit, it being the custom in that small town for the doctor to "treat" the patron who paid a bill. Nearly everybody in that place "rushed the can." This young man was very temperate in his

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habits and a consistent church member. He was a jolly, good-natured, grinning fellow, the kind everybody likes. But his road to perdition seemed greased and the track cleared for him when once he got started. He had joined the drunken, down-and-out ranks in less than a year. One day when in a state of extreme melancholia and mental anguish which is a concomitant of the sobering up stage, Dr. C. rushed into his office and drank poison and immediately expired.

I have known Drs. D. and E. and F. and in fact the whole alphabet of doctors who drank. They all go down to destruction sooner or later. Their example says to me, "Don't begin it." A philosopher has said, "Be good and you'll be lonesome and miss a lot of fun." But virture is its own reward, especially when it comes to booze and dope. It gets the strongest and best of men, so the pygmies among us even more than others should have a care. We do not know where indulgence ever so mild will land us. But as I have already stated a drunken doctor is now becoming a *rara avis;* some day he will become almost extinct. I hope this talk has not smacked of a preachment, but if I should ever take the platform it would be to combat the evil of drugs and drink.

Peoria, Ill.

TOXIC MATERIALS IN THE BLOOD.

By A. D. Hard, M.D.

There are two ways by which toxic effects are produced in the human body from materials taken into the alimentary canal.

One is where toxic substances are directly introduced into the stomach, and the other is where non-toxic substances become toxic after ingestion. The first named condition is a simple straightforward matter of taking a poison into the alimentary canal, and the poison at once being absorbed into the circulation, and from there being carried to the nerve centers and producing its effects. This requires but little mention, as it is common knowledge. The other method consists of absorption of the various substances taken as food, the products of germ excretion, and the debris of dead germs left in the absorbing area of the digestive canal. These substances under chemical reactions produced by their environment become toxic in their nature, and the resulting effects are grouped under the name autotoxemia.

There is another division of this same general term which should have a name more exact in its significance. I refer to food substances which may be taken into the interstitial system without undergoing the metabolic changes required to constitute true nourishment, and, entering the blood-current in this crude and unprepared condition, they act as toxic substances wherever they may be carried by the blood. We know that food may be a nourishing, health-promoting addition to the body, or, it may be absolutely injurious to the body, depending upon the relative quantity taken into the body, or upon the ability of the digestive organs to properly prepare it for interstitial use as building up material. For instance, granules of starch have been found in the blood. This can mean nothing but that it has passed into the blood-current without undergoing the necessary changes which fit it for ultimate tissue building material. When crude food products thus gain access to the circulation the excretory organs undertake to throw them off as excreta, and the substance known as indican is an index to the observer who examines these excreta that such products are in the body and are doing harm. indican is excreted by the kidneys, the large intestine, and even the skin. The method of discovering its presence is by examination of the urine. The presence of indican in the urine may be found by adding an equal amount of C. P. hydrochloric acid to urine, and to this mixture add one-sixth the volume of one-half of one per cent. solution of potassium permanganate. The indican is indicated by a purple color in the test tube. If there be much bile in the urine the color will be a greenish-purple. Or, if considerable bile exists in the urine the color will be a dirty red.

The effects of toxic substances in the blood depend upon their nature, and upon the rapidity of absorption. Ptomains and other putrefactive products, including various indefinate alkaloidal substances produced by the chemical changes going on in food material when subjected to the favor-

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able conditions of heat, moisture, and fine sub-division, are of a nature to be rapidly taken into the circulation from the digestive canal, and owing to their weak chemical affinities, they readily combine with the albuminoid cells that form the great nerve centers, forming destructive instead of constructive chemical compounds which interfere with normal nerve impulses to organs and vital processes, instead of nourishing and augmenting them.

The results of this decreased activity of excretory glands especially, is to delay the carrying out and off the refuse material which should be promptly removed from locations where absorption back into the system may take place to the body harm. Now when we come to examine disease symptoms we find that the greater part of them are merely evidences of toxins in the circulation. In typhoid fever the delirium is certainly due to the effects of toxins on the cerebral cells. Lack of sufficient excretion is due to weakened glandular power from poisonous influences on the nerve centers which impel excretion. And a careful analysis of almost all disease processes resolves itself into an illustration of the fact that toxins not only deter normal physiological action, but, in doing so, they augment the toxins by interfering with elimination. The original toxins might be easily overcome by the natural anti-toxins produced in the body if it were not for the attack in the rear of these extra toxins which results from the diminished natural gland actions produced by the original toxin. Thus we see that the original toxin, and the resulting toxin, work together as a team, injuring the body and hindering reparative processes at the same time. Is it any wonder that disease so often proves fatal?

Theoretically disease should never produce death. Nature was intended to be sufficient to successfully grapple with her foes. But when disease is augmented by interference with phagocitic activity, and ingested toxins are augmented by autotoxins, then the loosing fight calls for help. Here is where the science of medicine proves to be at present unscientific. By rule of thumb we give complicated mixtures which we were taught as being good for such a disease, and if, in thus striking in the dark, we happen to hit something which is doing the patient harm, we shall help him to get well. If not, the results of the well-meant effort are buried with his bones.

The thought which these facts go to stimulate is that we should have some method of counteracting toxemia.

If the contents of the digestive canal contains toxins, and also is fast producing more toxins, what is more simple than the indication for cleaning it out thoroughly.

Then, if the so far absorbed toxins have not already done irreparable damage, the toxic effects upon the system will not increase, but, under the constant activity of nature's fighting forces, they must diminish. Therefore, I hold that the first and fundamental indication in such diseases as typhoid fever is to clean out the intestinal canal, and keep it free from all substances which may augment the disease processes.

In tuberculosis if we could clean out the lungs so that the toxic products of germ activity and germ debris would not be absorbed into the system to enervate the nerve impulses which constitute vigorous anti-disease activity, we should be able to promise something hopeful to the sinking victims which Death has branded for his own.

I trust the time will come when Science will give us a true and systematic anti-toxin with which we may thwart the attacks in the rear of autotoxemia, in the great fight against disease.

Marshall, Minn.

VIS MIDICATRIX NATURAE.

By W. M. Alter, M. D.

I shall define my Latin caption to mean the power which nature possesses to enable our organism to return to normal conditions from pathologic conditions; this may be a rather arbitrary definition, but it will serve the reader as an explanation of what I desire to be understood by the term I use as my caption for this paper. Therefore, natural inherent power and the vital integrity of our being is a powerful physician

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and one to whom we owe at least 75 per cent. of all recoveries from diseases, as stated by some who observe statistics in this line, but although a moderate believer in statistical deductions when observed under favorable conditions, yet I believe the 75 per cent. of natural recoveries is too low.

I believe at least 90 per cent. of all pathologic conditions considered belonging to curable disease would recover. And all organs affected in these diseased conditions return to their normal functionating without the interposition of the doctor or a dose of medicine.

Now take the diseases considered curable and incurable. I believe that at least we could count on Dr. Vis Medicatrix Naturæ restoring at least 75 or 80 per cent. of these two classes of pathologic phenomena. This leaves 20 or 25 per cent. of this combined class to be cured or let die by our noble profession, and which I believe 75 per cent. of these as combined in my calculations ought, by intelligent application of therapeutic measures, and with the overruling help of the "Vis Medicatrix Naturæ" recover.

Now let us consider this feature in some of the branches, which to some extent, are specialties, and I wish to mention in this connection tocology and gynecology; and while our access to absolute statistical deductions are not very great and their reliability uncertain, that often in these lines unfavorable cases are not likely to appear in statistical tabulations; but I conclude from evidence which I believe to be reliable that, in obstetrics nature could handle 99 per cent. safely, and that quite a percentage of those who need proper aid at the natal hour are injured by the attendant, which makes the percentage very small in this line, which gives evidence of the advance in this line of the profession since the schools have turned this branch over to men-obstetricians.

Gynecology, especially that part which is placed in the line of surgical operations, I will say here that I do not believe there is an operation needed or necessary oftener than one in 150 of the operations performed. These last divisions of medicine are a fertile field upon which are increased the diseases, and are caused by various etiologic factors such as suggestion, unnecessary manipulations, and trying to supersede the power of nature in the field of therapeutics.

Now if I were to proceed with this line of reasoning to cover the entire field included in medicine and surgery, I would not find the usefulness of the physician in his function increased. No, but I am almost sure we should perceive that we often receive honors to which our skill and knowledge in nowise entitle us.

Taking this view of the matter the more we know of the physiological functions of our different organs and how to not interfere with their functions by improper therapeutic efforts and operative measures, and how to prescribe remedies which act in harmony with the natural physiologic law governing our bodies, the larger percentage of honor will be accorded for curing the sick or aiding them to recover.

In conclusion I wish to say that I believe tocology or obstetrics should be turned over to women educated for that purpose, and to counteract the pessimism on this subject caused by Osler and other writers, we should base our therapeutic efforts upon a knowledge of the physiologic functions of the organs, and try to perfect the science of physiology and the exact knowledge of the action of our drugs, prescribing them as indicated to act in harmony with the functions of the morbidly affected organs, systems and apparatuses, and in so doing we will, I am persuaded, in time cut down the number of pathologic conditions which are listed among the incurable diseases, and bring about a more optimistic view, and then be able to work in harmony with the "Vis Medicatrix Naturæ."

England, Ark.

CONSTITUTIONAL TREATMENT OF GONORRHEA.

By G. Henri Bogart, M. D.

Gonorrhea has certainly undergone a wonderful change within the past thirty years.

In my library I have Wood's International Encyclopedia of Surgery, 1882, which after several pages of argument against the specific character of the disease,

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sums up "We may be sure that urethritis may result from any form of vaginal or uterine discharge."

Again "It is never safe to say that a given urethritis has resulted from impure sexual intercourse."

The gonococcus is, primarily, an aerobic germ, but when it enters the circulation it is capable of anaerobic growth.

Recently, it has been discovered in the ventricles of the brain, in the membranes of the heart, and the kidneys. Parallel with the development of the disease there has been a corresponding increase in the proportional death rate from diseases of these three organs, reaching 131 increase according to Prof. Fisher of Yale. These manifestations of heart, kidney, and brain affection have given the profession a great deal of trouble, being obscure or contrary to type and absolutely incapable either of diagnosis or logical treatment.

Since the microscope has determined the presence of gonococci in these affections, the American Medical Association has issued a small pamphlet on venereal peril for the lay reader, especially the young, for general distribution, calling attention to this peril.

In spite of all that has recently appeared in the professional journals on this question, there are many physicians who keep in the old rut and depend upon local injection to cure their patients, and very many who follow the plan of letting the disease develop, fully, before commencing treatment. My object in writing this paper is to arouse these erring ones, who, if they will continue despite what has been said and written to send confiding patients forth, as foci of horrible contagion, should for very decency, be driven from the "trade" that they follow.

In a recent investigation of the cause of the great decrease of the negro birthrate I find gonorrheal cause for the shrinkage to 13 per thousand, where at the same time the negro deathrate has increased to 32.3. This disease so flippantly considered by many, seems to have solved the race question.

Dr. Charles W. Stiles who has spent eighteen years actively investigating hookworm among the ignorant southern negroes states that he does not believe that there will be a negro left in the United States within another century. This disease is no respecter, however either of race or of virtue. The disease, when constitutional, affects a latent, dormant or altered form, and is then imparted to the innocent and the virtuous, all unconsciously in marriage.

Robert Wickliff Wooley in a recent paper declares 65 per cent. of the surgical operations upon southern white women result from unsuspected contaminations derived originally from colored prostitutes, while Prince A. Morrow places the proportion not regarding the race of the original infection at 85 per cent.

Now I have said enough as to the constitutional danger to convince me that the mere drying up of the urethral discharge instead of affecting a real cure, is more apt instead to lull the patient into a false security and send him forth equipped with an unsuspected venom, worse in its final effects than that of the copperhead, and certain too to strike those nearest and dearest, his wife and unborn children. So extensive has become the gravity of this specific infection that I am inclined to suspect any and all urethritis or vaginitis as the result of impure sexual intercourse; not necessarily, however, on the part of the victim.

Following a correspondence on this matter with Dr. William Waugh, of Chicago, I have been securing some splendid results, one a cure of a four year gleet, and one of fourteen years with no characteristic symptoms, but with gonococci under the microscope by constitutional treatment. This consists in calcium sulphid and arsenic sulphid together, both pressed to the point of saturation. This result was secured by the Abbott alkaloidal tablets as being more convenient and certain in dosage.

Believing as I do, I would feel that my act were criminal were I to attempt to cure gonorrhea with local treatment: though in all cases where there is a urethral or vaginal discharge I would use local applications. My favorite idea here is to use hydrogen peroxid as an injection, first, because of its great cleansing properties and when the pus is thus removed together with its swarming colonies of the germs, and to follow with whatever injection has been most successful in your individual

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practice. Under no circumstances, however, would I omit constitutional treatment. Sulphur and arsenic are two of the few germicides which are possible for systemic disinfection, and I believe that in these two agents we have the certain cure for the remarkable development of gonorrhea as specific as mercury for syphilis.

Brookville, Indiana.

TRILLIUM LATIFOLIUM.

The *Eclectic Review* states that this old remedy, known as trillium latifolium and trillium erectum, as well as by several other names, is to be found among the numerous indigenous plants which were frequently used by the early Eclectics, and with which they secured most satisfactory results in their treatment of the wrongs of life, but it is now seldom mentioned in our journals.

Beth-root was employed in catarrhal bronchitis with marked success, and was deemed especially useful in cases characterized by very profuse expectoration, and it was also deemed a remedy of merit in excessive action of the kidneys. In the early stages of phthisis it exerts a soothing influence over the troublesome cough, and is especially valuable when a tendency to hemorrhage is manifested, and in functional diseases of the heart it has been employed with beneficial results. In passive uterine hemorrhage it may well take the place of more frequently employed drugs, and in menorrhagia its action is often curative.

Dr. Wooster Beach frequently employed trillium, and regarded it as an efficient astringent, alterative, tonic and antiseptic. The doctor and his followers deemed it a curative remedy in "immoderate menstrual evacuation, spitting of blood, hectic fever, asthma, cough and leucorrhea."

The dose of trillium is from 30 to 60 drops.

TREATMENT OF AMENORRHEA.

The great majority of cases of amenorrhea in my experience are purely functional in their origin and character. The commonest causes to which they are attributable are chlorosis, tuberculosis and bad hygiene. Acute suppression, which is usually temporary, is most often due to taking cold. Of the structural variety, the most frequent cause is to be found in an infantile uterus. The train of symptoms commonly includes weakness, hot and cold flushes, pelvic aching, spots before the eyes, and general nervous symptoms. In cases of infantile uterus these symptoms are less pronounced than in the functional cases. I make a physical examination of these patients in all cases except in virgins. In these I attempt to handle the case by general treatment first, and then if unsuccessful I make a physical examination under an anesthetic.

In acute cases, due to taking cold, I give hot vaginal douches, saline rectal enemata, and internally exhibit citrate of magnesia, quinine and Dover's powders. I order rest in bed, and the local application of heat to the abdomen. Where chlorosis is the underlying trouble I advise fresh air and light exercise, and a nourishing diet of eggs, milk and red meats, and give iron, arsenic and manganese. I use hydrotherapy in the shape of hot sitz bath and spinal douche, generally with good results. In nervous cases of the functional type I employ electricity, giving high frequency per vaginam, galvanism to the spine and the lower abdomen.

In cases of infantile uterus I practice gradual and frequent dilatation, and also recommend the stem pessary. Where the cervix is stenosed I restore the patency by perforating the obstruction, dilate under an anesthetic, and keep the canal packed. I do not believe that as a rule pregnancy has any favorable influence upon amenorrhea. In my experience I have never known pregnancy to occur during actual amenorrhea.—Dr. Salinger in *Medical Standard*.

It is also a well-recognized fact that many intestinal disorders result from impairment of nerve force. The intestinal nerves give out, and there is general breaking down of digestive power in both intestines. It is not conceivable that an antiseptic could be a sovereign remedy in intestinal ailments of this class.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

DIET THAT CURES CONSUMPTION.

The most certain method ever adopted for the cure of the "Great White Plague" is through the diet used as per directions given below which can be taken at home and comes within the reach of the poor as well as the rich.

The *modus operandi* is to force the body to take on fat, a desideratum long felt by the medical profession but never before attained to.

During the last fifteen years I have prescribed this diet in hundreds of instances and where directions have been followed strictly it has raised the weight and increased the strength and vitality of the patient rapidly up to a normal condition, thus enabling nature to assert her sovereign right to be the dominating force in the body and the germs causing consumption have been overcome and the cure accomplished. Some have gained a pound a day and would gradually take on less until they would not increase in weight more.

The all important thing is to drink large quantities of milk strippings (the very last of the milking which is all cream when a proper cow is selected). This seems so simple and easy that many have refused to follow directions and demanded medicines to cure them; but there has not yet been discovered any medicine that is a specific for consumption.

To get best results a healthy cow should be selected, one that does not cough and one that gives very rich milk. A Jersey cow is preferable. The milk should always be tested to be sure that there is a large per cent. of cream in it.

The last quart should be milked into a separate dish which rests in a larger vessel containing warm water just sufficient to prevent the strippings from cooling below blood heat. The cow should be thoroughly cleaned to prevent any dirt getting into the milk so the patient can blow back the froth and drink at once without straning as this cools it too much.

Begin by drinking nearly a pint in the morning and the same at night and increase the quantity gradually so that in 10 or 15 days a full quart will be taken twice a day. It should be taken immediately after milking before it has had time to cool any. All should be taken that can be without too much discomfort and then rest 2 or 3 minutes and drink more and rest again, and so on until a full quart has been taken as soon as it can be conveniently. In about fifteen minutes the patient should eat at the table such articles of food as are known to agree with the stomach. At noon eat as usual.

When the strippings are not allowed to cool below blood heat and taken immediately after it is milked a full quart will be transfused into the circulation in a remarkably short time.

I never have seen a case but could take the strippings without any discomfort worth mentioning when above directions were followed strictly, although some have declared they could not before trying it; but when they delayed taking for half an hour and the milk had cooled ten degrees I have seen half a pint make them very sick. The great secret of success with it is in taking it immediately after milking and not allowing it to cool below blood heat, taking a full quart morning and evening and having milk that is very rich.

The following is a typical case. Mrs. A. E. was suddenly startled to find her weight was forty pounds below normal. She was coughing terribly and soon had a very profuse hemorrhage from the lungs that came near taking her life. I at once began the use of the milk strippings after hemorrhage was stopped and in a few days, about ten or fifteen, she had gained nearly a pound a day and was soon able to get out

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of bed and go around the house. She gained quite rapidly and as her weight and strength increased her cough decreased. When she had gained thirty pounds in about three months her cough had left her. I had her continue the same diet for 6 or 8 weeks longer and she gained ten pounds more and then would not take on more flesh. She was then as well as she ever had been and continued well after the strippings were discontinued.

She took no medicine after the hemorrhage was stopped excepting a little pepsine and some other digestives to aid digestion and a simple cough remedy to ease the cough; but tar, lobelia, opium, tartar emetic and such medicines as disturb the stomach and interfere with digestion were carefully avoided.

It is easy for those on a farm to carry out this method, and on several occasions parties who lived in the city purchased a suitable cow and after complete recovery, in every instance, they sold the cow for nearly as much as was paid for her.

I do not remember any case that followed the directions strictly that was not cured, but several persisted in declaring they could not take it until so much valuable time was wasted that they lost their lives by it.

I have found the same diet when above directions were carried out carefully, equally successful in increasing the weight and strength of those run down and debilitated from other causes.

B. J. KENDALL, M. D.

Geneva, Ill.

WHAT ARE OUR MOST USEFUL DRUGS?

This is a question frequently discussed and one on which there is naturally a diversity of opinion. As to the pharmacopeial preparations that the general practitioner should keep and dispense a great deal must necessarily depend upon a number of circumstances. Obviously physicians in isolated country villages must keep on hand a more replete and varied sort of supplies than their brother practitioners in the city where there is a drug store just around the corner. We have seen the practice of medicine in its various phases and shall compromise on the matter of producing a list of "most useful drugs" by striking an average.

Probably three-fourths of the doctors who do an active, worth-while practice live in towns containing from one to ten thousand inhabitants. We will assume therefore that this many are in touch with drug stores and patients may accordingly be sent with prescriptions to procure tonics and other medicines which the doctor does not supply or care to keep on hand. (We are not here discussing the matter as to whether or not it pays the doctor to dispense.) Should the physician not have on hand any emergency preparation he may need—say antitoxin—very little time is lost in sending to the nearest drug store for it. Those living far removed from supplies should, of course, keep on hand such life-saving preparations.

But the general practitioner must have certain pharmacopeial products (commonly called drugs) for office and emergency practice. In venturing to produce such a list the SUMMARY shall name only those that are plain, time-tried and dependable. Few proprietaries will be mentioned, although it is a hard matter for us to refrain from naming several which have met our clinical approval in hundreds of cases. Here is a list for

EMERGENCY AND OFFICE PRACTICE.

Chloroform,	Ergot,
Carbolic acid,	Iodine,
Morphine,	Glycerin,
Codeine,	Vaseline,
Adrenalin sol.,	Iodoform,
Cocaine,	Boracic acid,
Strychnine,	Lysol,
Digitalin,	Ichthyol,
Glonoin,	Collodion,
Atropine,	Hydrogen peroxide,
Aconotine,	Bichloride of mercury,
Pilocarpine,	Sulphuric ether,
Apomorphine,	Silver nitrate (or deriv.),
Opium, tr. and camph. tr.,	Ipecac,
Iron preps.,	Alk. and ant. tabs.,
Ammonia preps.,	Chloral hydrate,
Acetanilide,	Bromides.

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FOR HYPODERMIC USE.

Morph. and atrop.,	Hyoscine-morph.,
Strych. sulph.,	Strych. nit.,
Apomorph. hyd.,	Pilocarp. hyd.,
Morph. sulph.,	Cocaine and sod.

All the agents we have named should, as a matter of convenience, be kept by any one who does a general practice. For the sake of convenience a number of other drugs should be kept on hand by the general practitioner. Conditions will often arise when they will serve a better purpose than the prescription filled by the druggist. Varying symptoms may need frequent changes in the medicine. It is also sometimes desired not to let the patient know what he is taking. Then, too, the physician should handle and in some measure familiarize himself with the medicines he uses. Combinations in tablet form or even in fluids, such as "heart stimulants," "anti-constipation," "sore throat," "nausea," etc., are very easy to dispense, but these have been eliminated, as several hundred such might be named. The ones we shall name below are selected with a view to their therapeutic worth rather than for their elegance in form or palatability. The general practitioner may be able to get along without keeping them on hand, but a small stock of them will certainly prove very convenient. We shall therefore name these

PREPARATIONS CONVENIENT TO HAVE ON HAND.

Alcohol,	Quinine,
Olive oil,	Potassium iodide,
Spts. turpentine,	Potassium chlorate,
Picric acid sol.,	Fowler's sol.
Swts. sp. nitre,	Pepsin powd.
Cascara sagrada,	Sugar of milk,
Yerba santa syr.,	Tannin,
Simple syr.,	Bismuth sub.,
Salicylate of soda,	Salol,
Salicylic acid,	Caffeine cit.,
Peppermint oil,	Magnesium citrate,
Cinnamon ess.,	Menthol,
Epsom salts,	Sodium bicarb.,
Dover powd.,	Lime tabs.,
Belladonna tr.,	Podophyllin tab.,
Aconite, fl. ex..	Calomel and soda tab.,
Nitrite of amyl,	Biniodide of mercury tab.,
Mercurial ointment,	Elaterium tab.,
Belladonna ointment,	Terpine hyd. and cod.

THE TREATMENT OF CHRONIC NASAL CATARRH WITH SULPHUR.

Louis Kolipinski says that sulphur is valuable in simple chronic rhinitis, in the hypertrophic stage; intumescent rhinitis is relieved by it, but the effects of it in atrophic rhinitis are not so good as during the earlier stages. In phlegmonous rhinitis the disease is often absorbed by it. Hyperplastic nasopharyngitis is improved and scrofulous rhinitis can be much helped by sulphur. The immediate effects of sulphur are to check the purulent irritating discharge, heal the excoriations, improve the patient's pale and languid looks and stop the sniffling, sneezing, crust formation and odor. In epistaxis from any cause this is one of the best applications, but should be reinforced for twenty-four hours with the gauze tampon. Sulphur will not cure the coryza of acute nasal catarrh, but in chronic diseases not requiring surgical aid and with the membranes not destroyed by atrophic degeneration, sulphur gives lasting relief from all the persistent symptoms. Sulphur may be a useful post-operative dressing particularly in the surgery of the nasal cavities. The best galenical preparation is the official sulphur precipitatum, U. S. P. The powder is blown into the nostrils with a strong powder blower. Applications are made two or three times a week for a month or more.

AN INTERESTING CASE OF DYSPEPSIA.

In October Mr. F. age 56, came to me for treatment some two years ago. I had treated him for catarrhal deafness and tinnitus aurium. This complaint had again returned. I therefore prescribed the same prescription which was composed of aconite, belladonna, cactus and pulsatilla. He came back to me when it was finished and told me that it had not the slightest

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effect upon his trouble; so I looked him over very carefully and found that in addition to the above, he had dyspepsia, and came to the conclusion that this was the cause of the trouble.

I prescribed:

℞ Ac. phosph. dil.....*m*xxx B. P.
Tr. hydrastis.....3vss.
Tr. nux vom.....3iss.
Tr. auranti.
Glycerin .....3iv.
Aq. .....ad., ℥viij.

M. Sig.—3ij, t. i. d., p. ç.

He made a good recovery in six weeks.

A. PINELES-MONTAGU, M. D.

Drury, New Zealand. *Ther. Record.*

USE OF THE STOMACH TUBE.

For diagnostic purposes the stomach tube serves: to test the permeability of the œsophagus (stricture, foreign bodies); to diagnose certain conditions of the œsophagus, as stricture, dilatation; to define the position and size of the stomach; to establish the motor power of the stomach and to withdraw the stomach contents for the purpose of chemical examination. For therapeutic purposes it is employed:

(a) For lavage in stagnation of the œsophagus (dilatation or diverticle).

(b) For the dilatation of stricture of the œsophagus and the instillation of oil.

(c) For the removal of poisonous substances ingested.

(d) For lavage in dilatation of the stomach.

(e) Lavage in pylorospasms and stricture of the pylorus, which are inoperable, or where the patient refuses the radical operation.

(f) Lavage in gastritis, with an abundance of mucous secretion.

(g) Lavage in gastric neurosis for its psychic effect.

(h) Lavage in gastro-succorhea, or Reichman's disease.

FOR CHILBLAINS OR FROST BITE.

℞ Ichthyol .....3j.
Lanolin .....℥j.

M.—Ointment, wash foot in warm water and apply the above ointment at night. After the inflammation has subsided wash ointment off with soap and hot water.

LUMBAGO.

Dr. J. J. Levy advocates the use of dry cups in lumbago, their application to be followed by the following, internally:

℞ Potassii acetatis.....℥ss.
Sodii salicylatis.....3iij.
Aquæ gaultheriæ.....ad. ℥iij.

Sig.—Teaspoonful in water every four hours.

Also this, to back:

℞ Methyl. salicylatis.....℥j.
Spiriti chloroformi.....℥ss.
Linimenti saponis.....ad. ℥iij.

Sig.—Rub in well for ten minutes, night and morning.—*N. Y. Medical Journal.*

The *Medical Review* recommends the following as a local application:

℞ Tinct. iodini.....3ij.
Tinct. aconiti rad.....3iv.
Spt. chloroformi.....℥j.
Lin. saponis.....ad. ℥iv.

Sig.—Apply locally several times daily.

HOW PEOPLE GET SICK.

Eating too much and too fast, and swallowing imperfectly masticated food. By taking too much fluid during meals. Drinking poisonous whisky and other intoxicating drinks. Keeping late hours at night and sleeping too late in the morning. Wearing clothing too tight so as to relax circulation. Wearing thin shoes. Neglecting to take sufficient exercise to keep their hands and feet warm. Neglecting to wash the body sufficiently to keep the pores of the skin open. Exchanging the warm clothing worn in a warm room during the day for light costumes and exposure incident to evening parties. Starving the stomach to gratify a vain and foolish passion for dress. Keeping up a constant excitement, fretting the mind with borrowed troubles. Employing cheap doctors and swallowing quack nostrums for every imaginary ill. Taking meals at irregular intervals.

ACUTE CATARRHAL BRONCHITIS.

℞ Ammonii chloridi.....3ij.
Potassii chloratis.....3j.
Aquæ cinnamomi.....℥iij.
Syr. senegæ
Spts. etheris nitrosi.....āā. ℥ss.
Ext. glycyrrhizæ.....3iss.

Sig.—Tablespoonful every two hours.

J. R. LEAMING.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

NEGLECTED REMEDIES.

Editor Medical Summary:

There are always some excellent remedies that we lose sight of in the multiplicity of drugs—remedies that maybe have been so little exploited as to have made no impression upon us. From among these I have selected a few that at least in those cases where we have been the rounds of the commoner and better-known things, having reached the "dernier resort" stage, will serve us quite likely a good turn and maybe even prove a happy surprise in the way they leave the old standards behind.

Such I believe is asclepias tuberosa or pleurisy root, that in large doses, say twenty to sixty minims of the fluid extract is often very efficient in pleuritis and dry, hard coughs as well as in rheumatism, being a remedy that we can well combine with other remedies for these ailments.

In moderate dosage, as for instance five to ten minims of the fluid extract it is of much use in diseases of children where we have an indication for Dover's powder which may be avoided by combining ipecac and camphor with asclepias. A syrup made with glycerin is also a good way to use it for children, and also others. Where aconite is indicated asclepias may well be combined. Indeed, according to some authorities aconite facilities the action of asclepias.

Neither let us forget the old fashioned chamomilla, as even a first thought in infantile difficulties where we get fever conditions, acid diarrheas with green stools, colic, etc. May be used in tincture or infusion in these cases, the German variety being more effective probably, than the Roman or home-grown variety as found in the typical grandmother's garden. In adults this remedy fits the same conditions in larger dosage, while it is also of service in nerve twitchings, periodical headaches, and false pains and nerve disturbances of gestation.

In these times of expensive hydrastis, which perhaps hase been too highly lauded, let us be mindful of that most excellent substitute the root of the barberry, which is in the market as berberine as well as in a fluid extract, etc. This remedy will be found to combine better than hydrastis and answer most of its uses. The root of coptis trifolia or gold thread is also a substitute for hydrastis though perhaps weaker and not so good as the berberis preparations.

Another remedy that seems worth trying in dysmenorrhea, hysteria, ovarian irritation and various nerve manifestations, including spermatorrhea, is salix nigra ament, or *Pussy Willow buds,* an infusion or tincture of the green buds used in large dosage probably being best.

Do not overlook sage in night sweats when other things fail, and above all do not call me an herb doctor because the term isn't large enough, I being a "regular," who true to his class would be broad enough to own the whole field of nature as ***his'n.***

A. P. REED, M. D.

Naples, Maine.

TUBERCULOSIS—REPORT OF A CASE.

Editor Medical Summary:

My patient is a poor man, as most consumptives are, and worked in stone quarries, cutting paving stone and other heavy work. The disease first manifested itself by a severe hemorrhage from the lungs, followed by another, one or two, a month

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later. I found him six months later, in July, 1909, a very much emaciated, discouraged being. His weight was 110 to 112 pounds, while normally, it was 135 to 145 pounds. He now had severe night sweats and naturally was in a somewhat feeble condition, so much so, that he could barely walk. He had at that time, no severe hemorrhages, but bloody sputum in plenty; profuse expectoration, severe cough, etc. His appetite was *nil* and vomited almost every morning. There was considerable tenderness of the abdomen, especially over the stomach, and naturally I thought he would not live long. However, I expect this is the old story to most of us. My patient nevertheless improved under treatment. Fever disappeared, appetite returned, the night sweats are a thing of the past, and he has gained 35 pounds in weight; looks and acts as well almost as ever, with the exception of a cough and some expectoration. Personally, I have signed quite a few certificates of consumptives in the course of my practice in common with others and claim no superior methods. The treatment in the case was very simple. I gave him an intestinal antiseptic, which I thought he needed, in the form of a creosote pill gr. ii-iv after each meal. This appeared to work fine, the gas formation and flatus disappeared. He also took a laxative pill, which was followed with an intestinal antiseptic. Apparently he needed a gastric stimulant and for this purpose I gave him the following: Strychnine, emetine, hydrastine, and hydrochloric acid. Atropine was given for the night sweats, which disappeared under its use after taking it but a few days. For the cough an inhalation of formalin, creosote and eucalyptus, 20 drops on a piece of flannel pinned to the nightgown at night. Also a cold sponge bath was given every morning; he lived in a tent during the summer, and when sleeping in the house, the windows of the room were open at night. At present the weather is rather frigid, but he insists in having the windows in his room wide open. This is nothing unique, except that the patient is practically well, when his neighbors thought he would die. I am sure that the drugs he received helped him very much; the creosote especially seemed to have a favorable influence on the cough and expectoration and also on the condition of the stomach.

R. A. BLACK, M. D.
Sullivan, Me.

SUM OF THE SUMMARY.

Editor Medical Summary:

Your editorial on tea is wise. Tea is too delicious and comforting a drink to be spoiled by steeping. Really good tea should never be made strong, as the fine flavor is lost in the strength. Hence the Chinese are said to use but a single leaf of the finest quality for a cupful. I have been using the South American tea known as mate, lately. It has been very highly recommended in England as affording all the good qualities of tea, coffee and chocolate, without their evil effects. So far as one may judge these claims are well founded. I get all the comfort and sustaining effects from mate, without the nerve-wrecking, the dyspepsia, insomnia, or any of the other troublesome results of the ordinary beverages that cheer, do not inebriate, but get even with us in some way. Mate ought to be as much used as either of the others, but its virtues are unknown. Some day a financial genius will take it up and build up a trade equal to that in tea.

Horse nettle is a popular remedy for epilepsy in my old home in West Virginia, and several favorable reports were made on it some years ago. Dr. Thrush, of Philadelphia, investigated the plant and found in it an alkaloid, solanin. Dr. Waugh, of Chicago, employed this and found that it exerted all the powers of the bromides but did not cause fetid breath, or depress the vitality as much. One grain of solanin hydrobromide equaled therapeutically 150 grains of potass. bromide. The small dose is an advantage, and the only thing against solanin is the difficulty of getting it, and the high price. If it comes more into use the price will fall, and in the meantime no price is too high for a remedy that will prevent fits in a patient who won't take potass. bromide. I have used solanin for two years and would not care to go back to potassium. With solanin and veratrine I cure my epileptics; but what a lot of veratrine some take. I began with a girl

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aged 19, giving one of Abbott's granules of 1/134 grain three times a day. Whenever she had a fit the dose was increased, and now she takes four granules every hour while awake. She has had no fit for two months, but is unwilling to reduce the doses because when she does so she feels the fits coming on. The veratrine agrees with her fine, her complexion has cleared up, menstruation has become regular, and she is the picture of health. When she began with this treatment she was having two or more fits a week.

I never lose anything with Robert Gray's name to it. He is a constant wonder to me. Buried among those Indians, with no white minds to work with, over 80, his powers seem to be just in their prime. I murmur a hearty Amen to his doctrine of hypnotic suggestion plus the needed medicine. I draw the line at his buttermilk. For sweet milk I have a craving that has never been satisfied, but must force myself to swallow buttermilk or clabber.

Query:—When a person craves milk as I do, is there not a systemic need back of the appetite? I believe so, and that Gray's craving for sour milk is of the same nature, and his physiologic youth is the result of his use of what his system craves.

Dr. Servoss' paper is in line with the thoughtful men of our day; those who are not content to give a prescription and have the patient get well, but want to know the why of it also. Somehow the men who use the alkaloids usually seem to be men who think. It certainly is a comfort to know just why one gives a medicine, what it will do, and when to stop it when the patient has had enough.

Dr. Marrs must be one of those big-limbed, big-hearted men, to whom all children lay claim as of their own kith and kin. His account of the little one dying in a depot, the sorrowing mother in a strange land, brings a sort of dimness to my own eyes.

Dr. Etter reminds us that in regions where malaria flourished formerly but has ceased, we ought to note its modified influence in a multitude of affections, showing a periodicity in their appearance not found in other localities. There should also be a power for curing in quinine which the city doctor does not find. During a visit in the Netherlands some years ago I found that the doctors there made very extensive use of the hydroferrocyanide of quinine, giving very small doses every hour or two. They told me that they got better results from a few grains given in this way than from big doses at long intervals.

Dr. Field gives some interesting points about hydrophobia. There were some reports current years ago, telling of cures with pilocarpin, but I presume they were unfounded. In cases where the Pasteur treatment is not employed I should treat a case now with that drug in full doses, and push the great spinal sedative, gelsemium, to full effect regardless of the doses. These two remedies are demanded, the one as an eliminant of toxins, the other to sedate the spinal cord and medulla.

Our Mormon member, Dr. Smith, speaks up for aconitine. I know a lot of doctors who use it and they all swear by it. In high fevers I prefer to give aconitine and veratrine together. The latter is a better eliminant but irritates the stomach. Aconitine is a local anesthetic but not as good an eliminant. Taken together you escape the irritation and can give more veratrine than if you used it alone. This is a good point in treating high fevers, when you can give a granule of each, together, every fifteen minutes.

I can tell Dr. Black that in the last three months I have seen echinacea applied to many infected wounds, and in every case the infection was killed and healing began at once. Would alcohol do this?

Dr. Heffner, a quack is a person who pretends to a knowldege of the healing art he does not possess. He may be an M. D.

Dr. Blackwood used to write for the SUMMARY and always wrote what was worth reading. I hope he is still living and would be glad to see his letters again.

Dr. Post gives us 19 ideas, every one of them worth a dollar. I wonder if many men who write ponderous articles ever think how much better it would be to put 20 life-savers on one page, instead of barely one in 20 pages. I have tried some of Post's ideas myself and every one has come true to his statements.

I can add one to Dr. Sheet's uses of carbolic acid: It is a dandy for chilblains, applied in ointment, 30 grains to the ounce.

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I can also go Dr. Souders one better in treating hydrocele. Get a set of Southey's tubes with trocar, draw off the fluid and leave the little tube in place until adhesive inflammation sets in, obliterates the cavity and pushes the tube out. I learned this from Prof. Waugh, and have used it at least fifty times, without a failure. No more iodine for me.

HENRY LASHER, M. D.

Chicago, Ill.

A VERY SUCCESSFUL TREATMENT FOR GOITER.

Editor Medical Summary:

Any doctor who has given the subject much thought or attention must have noticed how many cases of incipient or well developed goiter there are in the country at the present. Now these growths are excessively annoying to their owners, and if the regular medical profession do not treat them, and treat them successfully, the quacks will. I do not mean that the quacks will succeed in curing them, but they will treat them with great success in extorting money from their unfortunate possessors, and great damage to the patient's health from their ignorant and excessive use of iodine.

It was partly by accident that I discovered what has been, for me, an exceedingly successful method of treating ordinary goiter. A woman of about 45, asked me for a prescription to relieve a very distressing and persistant dry cough which had troubled her for a long time, and did not seem to have any relation to her lungs, but to have its seat in the larynx and trachea. The thyroid gland in her case had three very distinct lobes, and the right lobe which was well to the right of the middle line of the neck, had developed into a fibro-cystic goiter about as large as a large navel orange. I gave her for the cough a prescription of powders, each containing a very small dose of protiodide of mercury in trituration, not to exceed $\frac{1}{30}$ grain in each powder. I did not see her again for at least two months, and then I was surprised to find that her goiter had diminished by at least three-fourths. I found by inquiry that she had had no other treatment for the cough or the goiter.

Since that time I have treated all ordinary goiter with the protiodide of mercury and with uniformly good results, by which I mean that I have cured all small goiters or those of recent formation. It is entirely possible to cure quite large goiters with the protiodide if they are not too old, in which case they will contain fully organized fibrous tissue and new blood-vessels. The only goiter which I have been unable to affect at all, was one which had been growing for five or six years.

The dose I use varies from $\frac{1}{10}$ to $\frac{1}{25}$ grain of the protiodide of mercury put up in powders of the 2x trituration which contains $\frac{1}{100}$ of the drug. In some cases I direct the patient to take a powder three times a day, in others, one every two hours, according to the goiter and the patient. This trituration had best be procured at a homeopathic pharmacy as in that case it will have been triturated four hours, and it is much safer to use the trituration than tablets as a small dose like $\frac{1}{10}$ grain gives a much better effect in a 10 grain powder than if given in a very small tablet.

This system of treating goiter with protiodide of mercury has given me better and more certain results than I ever got, or ever saw any one else get, from any other system of iodine treatment for goiter, either external, internal, or given both ways. With me it has been practically a sure cure. I wish also to strongly recommend small doses of the protiodide of mercury as a very successful treatment for enlarged cervical glands in children. These are cases that are often brought to doctors with the cervical lymphatics greatly enlarged and which were formerly called "scrofulous children." The enlargement of the glands will almost always disappear after a course of the protiodide.

WM. M. GREGORY, M. D.

Berea, Ohio.

BEDSIDE NOTES FROM FAR OFF KOREA.

Editor Medical Summary:

Looking over the June, 1909, SUMMARY I noticed in "Gleanings" column the statement "Don't diagnose the presence of intestinal parasites until one or more of the

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worms have been seen." I am afraid such a diagnosis would not hold in the East and I do not think it would at home. I remember the instruction in my old college about worms was to give small doses of santonin to children whose mothers noticed them picking the nose, grinding the teeth and calling out in their sleep, capricious appetite and a white look about the gills. Well, I suppose this is pretty good treatment as a rule, but I could not depend upon it in Korea. Worms in Korea especially the ascarides variety, are strange creatures and set up all kinds of capers. My first experience with these strange creatures that set me thinking was during my early days in Korea. We had a little daughter 14 months of age, and suddenly she was taken with vomiting, fever rose to 103, rapid pulse, anorexia, and as she lay in her mother's arms to all appearances looked a very sick child. After a few hours she had some looseness of the bowels. I forgot to mention there was quite a little coughing with the early symptoms. Some rales were present also and at first I was much alarmed dreading an impending attack of pneumonia. The little one was restless all day, wakeful, and all symptoms worse towards night. About ten o'clock as I was walking the floor, as all loving fathers do or should (?) with the first baby, the thought struck me, "I wonder if she needs santonin." Her pulse after minute doses of aconite had come down to 130, but temperature was still 103½. I knew that santonin is irritating somewhat to stomach and had doubts of the child retaining it, but I am a great friend of Mr. Calomel in small doses as a rule. Professor McCorkle at old Long Island College Hospital used to say to his students, "Gentlemen, calomel for a sick stomach." So I thought if santonin does no good the calomel will give a "clean out" at least, and so do no harm. I at once gave santonin ⅔ of a grain with 1 grain of calomel. My usual plan is to give to an adult santonin crystals and calomel each 2 grains for three nights followed the last morning by castor oil. For a child proportionate doses as a rule. After giving the santonin and calomel to the baby she seemed very nauseated and very restless and I commenced walking the floor again. A half hour elapsed when suddenly she vomited a lot of bile and milk curds and two worms about four inches long. That settled it as far as the pneumonia (?) was concerned. I gave in the morning early another dose of santonin and calomel and soon after the child had a bowel movement with two more worms nearly 6 inches long. That afternoon pulse and temperature were normal, bronchitis disappeared and she slept the sleep of the just that night, awaking in the morning perfectly well. So you see it would not have done to have waited to diagnose worms till some were passed by the bowels.

Nerly every Korean has worms. Many pass great bunches of them after taking santonin and calomel. Many patients will pass all the way from ten to fifty round worms of various sizes. These wretched parasites give rise to all kinds of symptoms. I often find patients whom I am called to see writhing on the floor in great pain and all doubled up. Santonin and calomel fixes them all right. The usual history is that the patient has nausea, anorexia, coated tongue, a twisting or rolling sensation in the abdomen. Of course in a great majority of cases we find dyspepsia associated with the parasitic trouble and I generally combine a rhubarb and soda compound mixture with the santonin. Patients almost invariably say they are better and that one or more worms have been passed. I have known babies of nine months old pass worms. Very many of the natives have an idea it is rather a good thing to have just one or two worms, they do good in small numbers by giving the individual a desire for food.

I rarely ever wait to find out whether a patient has passed worms or not if I get even an obscure history and nearly always worms are passed after the usual prescribed course of treatment and the patient feels better in every way.

E. D. Follwell, M. D.

Pyeng Yang, Korea.

COMMENTS ON DECEMBER, 1909, SUMMARY.

Editor Medical Summary:

I have carefully examined the December number of your journal and pronounce it

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OK. Your editorials are plain, pointed and practical, and the contributed articles are both interesting and instructive. Dr. Gray of sunny Mexico, who has seen over a half century of service in the profession, depicts a few scenes in graphic style. Besides being an excellent physician he is a past master in the art of building words. May he live long and write much for SUMMARY. Dr. George L. Servoss writes knowingly on the subject of "Symptomatic Treatment." He gives practical and usable suggestions. Dr. Etter writes well on "Malaria," and tries to convince us that the disease is not, as some of us may think, one that has given way before the march of civilization and sanitation. Dr. D. L. Field is another old war-horse who visits SUMMARY pages frequently. His stories and illustrations are always based on actual experiences. May he long be with us. Dr. R. J. Smith is an able writer and his researches along scientific lines are always helpful to others. In the "Notes and Queries" department I notice many names that are well known to all the readers. Among these are: Drs. R. A. Black, S. D. Sour, C. W. Heffner, Wm. C. Post, L. D. Sheets, E. D. Follwell, G. Frank Lydston, B. A. Souders, Henry Lasher, B. C. Hirst, J. A. Burnett, and Geo. B. Lake. Their contributions are all helpful and to the point. Dr. Post's article, "A Few Hints," deserves especial mention without in any way undervaluing the others. In his short article he gives practical suggestions on about twenty different subjects. I am sure the SUMMARY editor appreciates such helpful letters.

W. T. MARRS, M. D.
Peoria Heights, Illinois.

EARACHE.

Editor Medical Summary:

Some 40 years ago I was called to see a child suffering with earache. I tried the usual remedies without success when an old woman came in and remarked: "I can cure earache in 5 minutes." I replied, go ahead; she urinated, put some in a spoon, held it over a lamp for a second and then poured it into the ear, took a wad of hair from the "claving comb" put it in ear and in less than five minutes the lad was asleep, and this treatment ended the trouble. I never tried the remedy, fearing my urine might not contain the soporific ingredients necessary, and then it might be that female urine was necessary to effect a cure.

When relating this incident to an old practitioner he said: "I always carry sulphuric ether and use it to cure ordinary earache. I saturate a piece of cotton with it and squeeze out all I can, then make a cone of it and put in the ear it acts instantly and you can pick up your saddle-bags and go home for this ends all the trouble." It does the work.

AMOS SAWYER, M. D.
Hillsboro, Ill.

CARBOLIC ACID GANGRENE.

Editor Medical Summary:

Since publishing my case of carbolic acid gangrene, with photographs, in the Medical News of July 1, 1905, several other cases have appeared in various publications from time to time, in foreign as well as in the domestic literature, bearing out my assertion that carbolic acid solutions, even weak in their strength are dangerous not only when used by the laity but also when used by the medical man, unless these applications are renewed at least twice a day. It is no wonder then that medical men tend in the direction of abolishing its use, excepting for the immersion of their instruments. Ununiform strengths, indiscriminate use, and too much of a routine use of solutions of carbolic acid tend to produce grave results, the ultimate ending of which, gangrene of fingers and toes, occuring oftener than recorded.

JUSTIN HEROLD, A. M., M. D.
600 West 140th St., New York City.

[Since our comments on "Away with Carbolic Acid," in the October, 1909, issue of the SUMMARY, the subject has elicited considerable attention. This is as it should be—a full discussion of a subject of this nature, brought before the SUMMARY family, from practical experience, makes mighty interesting reading, especially when it is on a topic which concerns us all in our every day practice. We want more of them brother, do not hide your useful, practical, experience under a bushel, but let your

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light shine over the SUMMARY pages, as it were so that all members of the family may be able to see it.

In the July, 1900, number of the "American Journal of the Medical Sciences," Dr. F. B. Harrington, of Boston, Mass., reviews the entire subject of Carbolic Acid Gangrene as presented up to that date, and adds 18 cases which he has discovered or seen through others at the Mass. General Hospital, to 114 cases the report of which he found in the medical literature of various countries. We would like to quote what Dr. Herold has to say on the subject in his article, as mentioned by him in the above, but space forbids. However, it may be just possible that Dr. Herold may have some reprints of the article, and if so he would, no doubt, willingly send a copy to any physician particularly interested, on request.—ED.]

STERILIZATION OF CRIMINALS.

Editor Medical Summary:

In your MEDICAL SUMMARY for December, 1909, I note that in your article on *Eugenics,* you give the State of Indiana as the only State which provides for the sterilization of criminals, etc.

I desire to say that staid old Connecticut in the legislative session of 1909, recently past, enacted a law similar to the Indiana law, which is now operative in our State.

The bill creating the law passed both Houses of the General Assembly by good majorities.

GOULD A. SHELTON, M.D.

Shelton, Conn.

[It gives us pleasure to print the above, as it comes direct from a man who is a member of the House of the General Assembly of his State. Also, we will here quote from a most interesting article by Dr. C. V. Carrington, of Richmond, Va., which appeared in the *Va. Med. Semi-Monthly* of December 24, 1909. Dr. Carrington is making every possible effort to have a similar law passed in his State.

Four States in the Union—Indiana, Connecticut, California, and Utah—have passed laws requiring that certain classes of criminals shall be sterilized. Indiana has had such a law for several years ,and has sterilized several hundred. Utah has only very recently passed the sterilization law.—ED.]

Dr. Carrington says: "Sterilization is a very slight operation; you simply resect the vas deferens, and it is generally done with cocaine anesthesia. A small nick is made through the skin of the scrotum, near the pubes, and after an assistant has forced the vas, with the accompanying vessels into the line of the cut, pick up the vas with forceps, resect it, tying off each end, then close the wound; one stitch generally suffices, and apply a collodion dressing. Your patient can usually go to work the next day. I have only sterilized four convicts during the time I've been surgeon to the Virginia penitentiary. The first one has given splendid and convincingly good results from the operation. He was a negro sent to the penitentiary for murder, with a long sentence. He had only been at the prison a short time when he was adjudged to be insane, and was sent to the asylum at Petersburg. While there he is said to have killed a fellow inmate and seriously injured a nurse. Later he was returned to the penitentiary as cured; had a relapse and was bandied back and forth between the asylum and the prison several times, as he became better or worse. Finally he escaped from the asylum, and when recaptured was returned to the penitentiary.

"Just at that time the Legislature passed a bill requiring the insane criminals to be kept at the prison instead of sending them to the asylums.

"This poor creature was most dangerously homicidal, and was the wildest, fiercest, most consistent masturbator I have ever seen. I sterilized him. That was six years ago. Improvement with him was reasonably rapid, both physically and mentally, and now he is a sleek, fat, docile, intelligent fellow—a trusty about the yard—cured by sterilization.

"The second case was a debased little negro, a degenerate with a vicious record in the reformatory, and a heinous record at the penitentiary, as a masturbator and sodomist. Sterilization about four years ago cured him of his vicious, debasing habits, and he is now a strapping, healthy-looking young buck, and when he completes his sentence and leaves he cannot reproduce his species.

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"The third and fourth cases are of too recent date since their operation to report exact results; both of them were insane, debilitated masturbators; they had been under observation and treatment for months. Finally last month I sterilized them. They are greatly improved already, both mentally and physically, and they will be cured in time."

MORE ABOUT "DOC" SAMSON.

Editor Medical Summary:

Toward the latter part of "Doc's" career, he essayed to use a little Latin along, so as to be in line with the younger college-bred doctors, who were beginning to encroach upon preserves. He didn't send to the "druggery" very often; but having a rather urgent and suffering case, and not having the medicament "boiled down," as usual, he wrote the following Latin order:

℞ "Oleum Castorem."

"For sick manibus:"

"Mistura, cum terunctum, colickum; almost defunctum."

Samson.

The prescription was given to a trusty friend, who was willing his kind aid to lend; but ere he returned the patient vomited, and was better. His large purgative boluses were given to see how much a man's "insides contained." Sometimes Doc would talk loud enough in a sick room to be heard across the road. A look into Doc's saddle bags was a sight. It contained "fetida," "ketchup bottles" filled with healing balm; jar of blue mass; various roots, barks, herbs and powders. It had "fly-salve," "airdine," "pulikins" to "pull teeth," and a scalpel and lance for "gum biles," etc.

At differentiating in diagnosis, Doc was scientific. He said the way he could differentiate "rhematiz" from "neuralzy," was that "rhematiz" was a "stiddy pain," and "neuralzy" would come and go.

Samson made some pretentions as a "surgeon doctor." An old septuagenarian told me, many years ago, that he suffered the tortures of Dante's Inferno with a felon on his thumb; and he visited Doc in the middle of the night to get relief. He said he had heard that Doc sharpened his surgical knives on a grindstone, and that he cautioned the surgeon that if he intended to "split open his thumb, for God's sake, whet up!" What was his surprise when Doc brought a dull razor, grabbed his hand, pressed it on a table and split it open. He said he thought the sun, moon and stars had come together. For years after the sight of a razor gave him the "back-ague."

Doc didn't sport a bobtail horse and carriage, but he rode astride a "clay-bank, sway-back critter;" and when he got away there was no telling when he would return; because, whatever else might be said, there was one good trait in him, at least! He didn't rush in and rush out when he visited the sick; but tarried long enough to ascertain what was the matter, or what he supposed was the matter. He said he watched a patient till he found out what "ailded" them. Doc got many a square meal among his clients by this trait.

Poor old Doc! His like we may never see again; and beneath that rough, rugged exterior there was a strong character, uprightness, and a warm heart. Like Dr. William McClure, in the "Bonnie Briar Bush," he rode for sixty years, through the sleet and the snow, the heat and cold; through sunshine and rain; and who can tell how many sick he has helped; how many dying beds he has stood beside, till the last heart beat had ceased, and where, with the weeping, he wept. Poor Doc! These times when too many doctors are mercenary and selfish, grasping and unsympathetic, it is grateful to look back to those "old time doctors" who were benevolent, generous, and who toiled amid hardship and exposure to minister to the sick, where, in hundreds of cases they received neither fee nor gratitude, but "inasmuch as ye have done it unto one of the least of those; ye have done it unto me."

D. L. Field, M. D.

Jeffersonville, Ind.

INTESTINAL PARASITES.

Editor Medical Summary:

Disclaiming any intention of offering anything new on the subject of intestinal parasites, but rather to dispel in a measure some of the erroneous ideas entertained so largely by the laity, and to a lesser degree by a portion of our profession, is my only

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apology for writing this article. The great terror to fond parents and the disturber of the peace in so many families is the presence of the intestinal parasite "ascarides lumbricoides" or rather the fear of same in the alimentary canal of their little ones. Hippocrates, the sage of Cas, was familiar with this variety of worm, giving a good account of same. No doubt his wisdom and sound judgment was sought after by fond matrons of his time, and his advice acted upon, where their darlings presented the classical symptoms supposed to be due to the presence of worms. My own observation—covering some thirty years—is that the fear of these comparatively harmless creatures is a great bugbear and responsible for far-reaching and baneful results, not only as a perturber of the mother's peace of mind, but resulting as it often does in the dosing of the child with powerful remedies for imaginary morbid conditions which exist only in the parents', and sometimes in the attending physician's mind. I have often been implored to administer an anthelmintic in cases ranging from a mild attack of indigestion to eclampsia from toxemia or grave cerebral diseases. The parents are often dogged on by officious and strenuous neighbors who declare "that you doctors do not believe in worms." Haven't you ever heard this expression when you have expressed your doubt as to a certain train of symptoms in your child patient being due to the presence of worms in the intestinal canal? The child is discovered to be off on its appetite, to cry out, or grate the teeth during sleep, has a foul breath, pallor around the nose and lips, fever, pains in abdomen, etc. The fact that it has eaten green apples or gorged itself on highly seasoned food or sweet meats is entirely overlooked, and the diagnosis of "worms" is caught up and adhered to with great pertinacity by the parents, or knowing old women of the neighborhood who just happened to drop in at the opportune time. In nine times out of ten a good dose of castor oil would have done away with all the startling symptoms. Do worms really cause these symptoms, as a rule? Or rather do we not often accidentally discover their presence where their host has considered himself in perfect health. It has been my fortune to observe the expulsion of lumbricoides and even segments of tenia when the patients were suffering from some acute disease, such as the exanthemata or the summer diarrheas of both children and adults; or often they, the worms, will work themselves out of the alimentary canal when the person is in a state of apparent health. "In Grassi's case (see Reference Hand Book of Medical Science, vol. 7, page 792) a boy aged seven voided, two months after taking a pill, containing 150 ova of lumbricoides, 143 mature worms, showing meanwhile no symptoms whatever." That the presence of large numbers of these parasites in the intestinal canal does sometimes give rise to symptoms is probable, but not in one case in a hundred do they cause so much disturbance as that caused by the ingestion of some indigestible substances that "Young America" is so fond of. Another observation that is hard to explain is that the administration of a vermifuge, notably santonin, is often followed by a disappearance of distressing symptoms even where no worms appear in the passages to corroborate our diagnosis. Why will some doctors try to hoodoo their patients with the statement that when they have given a worm medicine, that same may not bring them away entire but rather dissolve them so that they appear as slime in the passages. If such results were procurable by the use of any drug, would not same be disastrous to the delicate mucous membrane of the child's primæ viæ? In this 20th century can we not afford to brush away these relics of superstition and be frank with our patients though they have a yearning for the unusual and dramatic, even though it often seems that those who cater most to this morbid taste are most sought after. The worm theory as well as that of the liver

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and malaria, when cited as the cause of morbid states that are obscure to us, have been overworked, and ought no longer to be regarded as cities of refuge to hide our ignorance. We must be more alert, sharpen up our perceptive faculties, do more original thinking and investigation. Authorities are all right if we do not allow ourselves to be moulded by them. Why not become authorities ourselves? What makes authorities anyway? Is it not about time that we discarded —to a great extent —these crutches and do a little thinking for ourselves?

THOS. B. FOWLER, M. D.

Springville, N. Y.

SOME FAVORITE PRESCRIPTIONS—

CHIRATA.

Editor Medical Summary:

The fluid extract of chirata is official and the average dose given by the U. S. P. is fifteen drops. Chirata is an old remedy but not very well known. The tincture and fluid extract of chirata was official in the Sixth and Seventh Decennial Revision of the Pharmacopeia of the United States.

The synonyms of chirata are chiretta, chirayta, bitter stick, east India balmoy, swertia chirata and ophelia chirata. The dose of the fluid extract of chirata according to different authors ranges from five drops to one drachm. McDonald speaks of leading physicians in India using chirata as a substitute for quinine in malaria with eminently satisfactory results. He recommends the following combination:

℞ Fld. ext. chirata ..... ʒjss.
Elix. aurantum et,
Syr. simplex .....q. s, ad ʒiv

M. Sig.—One teaspoonful every three or four hours.

In the above prescription a patient would get twenty-two and one half drops of the fluid extract in each dose. Over fifty years ago, G. B. Wood spoke of chirata being employed in India in combination with guilandina bonduc in malaria with success. If chirata will cure malaria in India it will surely do it in the United States. There are many physicians practising in the malarial districts that do not know of any antimalarial or antiperiodic except quinine and cinchona, and to this class who happen to read this I would ask them to remember chirata alone and in combination with other remedies if they wish to know how to cure malaria without the use of quinine or cinchona. A good general tonic and a reliable antiperiodic one that is as reliable as quinine in either acute or chronic malaria is as follows:

℞ Fld. ext. chirata ..... ʒj.
Fld. ext. lycopus europeus,
Fld. ext. alstonia constricta
āā ʒiv.
Tinct. myrrh comp. ..... ʒj.
Dilute alcohol .....q. s., ad ʒvj.

M. Sig.—To keep a chill off give one-half to one teaspoonful every hour until six or eight doses are taken, beginning so the last dose will come about an hour or two before the chill is due. At other times a dose every three or four hours. Here is another good stomachic, general tonic, hepatic nervine and reliable antiperiodic:

℞ Fld. ext. chirata ..... ʒiv.
Fld. ext. hydrastis,
Fld. ext. avena sativa,
Fld. ext. pulsatilla .....āā ʒij.
Fld. ext. nux vomica,
Fld. ext, xanthoxylum ..āā ʒss.
Fld. ext. capsicum ..... ʒ½.
Dilute alcohol .....q. s., ad ʒiv.

M. Sig.—One teaspoonful every three, four or six hours as needed.

J. A. BURNETT, M.D.

Cowlington, Okla.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE DISEASES OF CHILDREN. By Henry Enos Tuley, M. D., Professor of Obstetrics, University of Louisville, Medical Department, Visiting Physician Masonic Widows and Orphans Home; Secretary Mississippi Valley Medical Association; Ex-Secretary and Ex-Chairman of the Section on Diseases of Children, American Medical Association, etc., Louisville, Ky. 600 pages with many illustrations. Southern Medical Publishing Co., Baltimore, Md., 1909. Price, cloth, $5.00.

This work stands on its own merits for success, and we believe it will win. It is eminently practical throughout, and obviously written for the general practitioner, as diseases are described as they are seen by the busy practitioner in his daily rounds. Therefore, symptoms and treatment have received most attention, which is as it should be, in order to benefit the busy doctor most. Each disease is considered in a methodic manner. Dietetic and hygienic management receive special attention, and medical treatment receives full consideration, with a reproduction of many tried formulæ. A collection of formulæ also appear in the appendix of these the author says: These have not been printed as a suggestion that the disease be treated by rule, but that combinations of the various drugs indicated, as used by the recognized specialists of to-day may be seen. Dr. Tuley believes that the question of infant feeding is one of the most important which confronts us, and accordingly, more space is given this subject than other important ones, and his directions here given are to be commended. Chapters on the eye, ear, nose and throat, and the skin also appear. This is a most practical work, and we can heartily recommend it to our readers.

A TEXT-BOOK OF DISEASES OF THE EAR. By Macleod Yearsley, F. R. C. S., Senior Surgeon to the Royal Ear Hospital; Medical Inspector to London County Council Deaf Schools, etc. Chicago Medical Book Company, Publishers, Chicago, Ill., 1908. Price, cloth, $4.00.

Here we have a very interesting and practical book on the Diseases of the Ear, consisting of about 450 pages, divided into 15 chapters, presented under the following heads: "Anatomy and Physiology;" "Clinical Investigation;" "Diseases of the External Ear;" "Injuries and Diseases of the Membrana Tympani;" "Injuries and Acute Diseases of the Middle Ear;" "Chronic Suppuration and its Complications;" "Diseases of the Mastoid Antrum and Process;" "Intracranial Complications;" "Chronic Non-suppurative Diseases of the Middle Ear;" "Otosclerosis;" "Diseases of the Internal Ear;" "The Influence of General Diseases of the Ear;" "Aural Reflexes;" "Deaf-Mutism;" "Medico-Legal and Life Assurance." The book contains about 120 illustrations, which were mostly made from special photographs, and nearly all of which are new. The author of this admirable work presents a very complete account of the various diseases and injuries to which the organ of hearing is liable, and in as concise a form as seems compatible with clearness. We notice that he discredits much of the claims for Politzer and Valsalva's methods for inflating the middle ear. He says further that in children it may not always be expedient to use the Eustachian catheter, and in these careful and gentle Politerization may be performed at times. In all other cases I have long abandoned the "bag" for the catheter. This book is worth the space in the library of every general practitioner.

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THE FLUIDS OF THE BODY. By Ernest H. Starling, M. D., F. R. C. P., F. R. S., Jodrell Professor of Physiology in University College, London. The Chicago Medical Book Company, Publishers, Chicago, Ill, 1909. Price, cloth, $2.00.

This book is made up of seven lectures based on two courses, delivered by the author at University College, London, in the summer of 1907, and at the Bellevue Hospital and Medical School, New York, during January, 1908. (The Herter Lectures), eight lectures in all, and the following are the titles of each: "The Physical Properties of Protoplasm;" "The Osmotic Relationships of Cells;" "The Intake of Fluid;" "The Exchange of Fluids in the Body;" "The Production of Lymph;" "The Absorption of the Interstitial Fluids;" "The Output of Fluid;" "The Fluid Balance of the Body;" "The Causation of Dropsy." The author concludes his preface by saying that he made no attempt to give an exhaustive account of any of the subjects treated in these lectures, believing that a presentation from the standpoint of one worker was more likely to excite interest, whether of sympathy or dissent. That in this way the reader may be stimulated to search out for himself, in wards or in the laboratory, the answers to some of the riddles with which he is here confronted.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION. By John William Fyfe, M. D., an entirely new work based on the writings of the late John M. Scudder, M. D., with extensive extracts from other Eclectic authors. 8vo, 782 pages. The Scudder Brothers Company, Publishers, Cincinnati, Ohio, 1910. Price, cloth, $5.00; Law sheep, $6.00.

Dr. John M. Scudder, the author of the two works, "Special Diagnosis" and "Special Medication" was one of the leading characters of Eclectic Medicine during his time. As a practitioner, teacher and author he was held in high estimation by his fellow practitioners. But as the above mentioned volumes were written a decade or more ago, and owing to the advancements made since that time, it became necessary to have the books revised or rewritten, in order to fit them to the needs and requirements of the present day students and practitioner. To Dr. John William Fyfe was allotted this task, but when he began the work he soon discovered that to revise and combine the two works in one volume, and preserve their identity, would be an impossible task. It was, therefore, thought the wiser and more satisfactory course to prepare a new book, based on the writings of Dr. Scudder and more recent authors, including the personal observations of the author. Instead of two, we now have one large volume of almost 800 pages; an entirely new book in the strict sense of the word, brought up-to-date, and on its surface, very little to show of its identity or the strict orthodox principles of eclecticism. The present work consists of two parts, "Specific Diagnosis," covering about 300 pages, divided into appropriate chapters. Part two, "Specific Medication" is similarily divided and is followed with an exhaustive index. To those practitioners using the specific medicines, this book will prove almost invaluable, and all other practitioners will be able to find a suggestion in it here and there that might become profitable to them, were they to use it.

A COMPEND OF HISTOLOGY. By Henry Erdmann Radasch, M. S., M. D., Associate in Histology and Embryology and Demonstrator of Visceral Anatomy in the Jefferson Medical College, etc., etc. Second edition, revised and enlarged, with 107 illustrations. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa., 1909. Price, $1.00.

The Blakiston's Quiz-Compends to which series the present small volume of 350 pages belongs, are very popular with those who have use for such books, and the volume before us will certainly not detract, but add to this worthy series of most admirable little books. This one in particular, is more complete than most Compends, yet not so voluminous as a Text-Book, and its contents are presented in a clear and concise manner, and in this second edition has been brought up-to-date as close as possible.

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Summary Gleanings

Dr. Beverley Robinson is thoroughly convinced that we have no medical treatment at all equal to the creosote treatment properly used and insisted upon, in pulmonary tuberculosis.

Gelsemium is a reliable remedy when there is determination of blood to the head, as indicated by bright eyes, contracted pupils, restlessness and agitation of the nervous system.

Nux is one of our best remedies to overcome impaired digestion and sluggishness of the bowels which so often accompanies eye disturbances.

Chronic eye diseases with an atonic state of the system and general debility will be improved by nux.

Whether cancer is due to a germ or a toxin, whatever the cause, one of two things is true: Either the cause is becoming more violent and widespread, or the human body is becoming more susceptible, less resistant to the cause.

Prof. Bartholow considered pilocarpus the most efficient remedy we possessed for alopecia.

Piscidia erythrina is a remedy for almost any kind of pain; it exhilarates and stimulates the nervous system, and creates a feeling of warmth.

Among the numerous remedies recommended for sore nipples the compound tincture of benzoin is probably one of the best, as a local application.

Man by nature is an open-air dweller, and the unnatural conditions in which he lives cultivate disease. Better prevent disease by an out-door life than inject antitoxins to cure disease.

The juice of raw onions applied to the sting of insects will destroy the poison.

The most stubborn case of rigid os uteri will relax under the influence of twenty grains of chloral in solution injected into the rectum.

In mucous colitis with spastic constipation nothing relieves the spasm without checking peristalsis like belladonna.

As a strong solvent for urinary calculi, of the uric acid variety, Prof. Bartholow speaks highly of the tartraborate of potassium, in doses of a scruple ter die, in water.

Prof. Bartholow says that when the cause of jaundice has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

If syrup of squill is to be given with ammonium, use the chloride and not the carbonate.

In incontinence of urine, with a constant desire to urinate, accompanied by an intense burning sensation, triticum repens is an efficient medicament.

The question as to just how much medicine shall be included in a nurse's education is, of course, a debatable one. No nurse, however, ever really knew too much. If she realizes when her own responsibility ends, and does not attempt to replace the physician, the more she knows the better.

Gentle divulsion in cases of hemorrhoids where the patient refuses operation frequently has a salutary effect by relieving discomfort due to strangulation of the piles.

In cases of flat-foot, callosities are often observed at the inner border of the big toe and also over the second joints of the third, fourth and fifth toes on the dorsal surface.

Passiflora incarnata is a valuable drug in enlargement of the prostate gland, and in the urinary difficulties of old age. Try it, and report results.

Salix nigra, as a sexual sedative both in the male and female.

Mullein oil has been used with success in ear difficulties and for its influence upon the kidneys and bladder, and especially locally and internally in the treatment of piles.

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